

L16000

157 698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

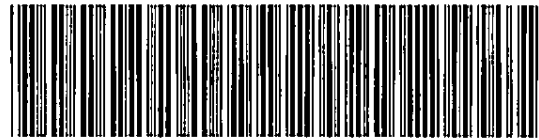
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000336777170

11/14/19--01005--007 \*\*25.00

FILED  
2019 NOV 14 AM 11:04  
SECRET  
TALLAHASSEE, FL 32301

Y SULKER

DEC 10 2019

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Tampa Bay Dive Center, LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Francisco Silebi

(Contact Person)

Tampa Bay Dive Center, LLC

(Firm/Company)

208 Bayfield Dr.

(Address)

Brandon, FL 33511

(City/State and Zip Code)

For further information concerning this matter, please call:

Francisco Silebi

(Name of Contact Person)

at (813) 394-5077  
(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Tampa Bay Dive Center, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L16000157698

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/24/2019

4. I, Francisco Silebi, hereby withdraw/resign as a  
(Print Name of Person Resigning)

Registered Agent

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

FILED  
2019 NOV 14 AM 11:04  
TALLAHASSEE, FLORIDA  
SECRET