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(Requestor's Name)
(rioquester e rialine)
(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:
3. HORELS ROLL

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Poseidons Boat D	otailing LLC
(Name of Limite	d Liability Company)
The enclosed member, resignation or dissociat	ion and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to:
Andrw Blazina (Contact Person)	
(Contact Person)	
Poscidons Boot Detaili	of LCC
(Firm/Company)	· ·
1332 Sterling Dans Di	•
Callberry PL, 3270.	7
(City/State and Zip Code)	
For further information concerning this matter	, please call:
(Name of Contact Person)	at (321) S12 0130
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

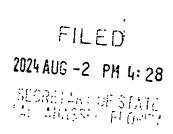
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 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 Flo	orida Department
of State is:	Poseidons Boat Dotailing LLC	·
2. The Florida docu	ment/registration number assigned to this limited liability composition of the second	pany is:
3. The date this me 4. I, Andre (Print N	mber/manager withdrew/resigned or will withdraw/resign is:	7/01/24
	Print Title)	
of this limited lial resignation in wr	ting.	n notified of my
Signature of Di	ssociating Member or Resigning Manager	
-	\$25.00 (Required) \$30.00 (Optional)	

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