L16 000 185952

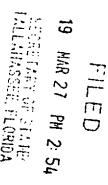
(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

TO: Registration Section Division of Corporations		
My Captains, LLC SUBJECT:		
	f Limited Liability Co	ompany)
The enclosed member, resignation or dis	ssociation and fee	(s) are submitted for filing.
Please return all correspondence concert	ning this matter to) :
Rob Rowlands		
(Contact Person)		_
My Captains. LLC		
(Firm Company)		_
1072 Brevity Lane		
(Address)		_
Ft Myers, FL 33919		
(City State and Zip Code)		_
For further information concerning this i	matter, please cal	1:
Rob Rowlands	410	562-9466
(Name of Contact Person)	(Area Coc	de & Daytime Telephone Number)
Enclosed please find a check made payal ☐ \$25 Filing Fee		Department of State for: ng Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section		Registration Section
Division of Corporations Clifton Building		Division of Corporations P.O. Box 6327
2661 Executive Center Circle		Tallahassee, Florida 32314
Tallahassee, Florida 32301		

CR2E079 (2/14)



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)

	ber assigned to this limited liability company is:
L16000185952	
The date this member/manager withdres	w/resigned or will withdraw/resign is: 31 OEC 20
Chris Parlin	, hereby withdraw/resign as a
(Print Name of Person Resigning)	. hereby withdraw/resign as a
Member	7. · · 19
* (Print Title)	
of this limited liability company and affi resignation in writing.	rm the limited liability company has been notified of my
1/:	108 2 2 CR

CR2E079 (2/14)

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)