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(Requestor's Name)		
(Address)		
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
		MAIL
(Bu	isiness Entity Nar	ne)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
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NAY 30 2017 J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations

L & S MARINE LLC SUBJECT:

(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:

SCOTT BRONGER

(Contact Person)

L & S MARINE LLC

(Firm/Company)

900 BAY DRIVE SUITE L1

(Address)

MIAMI BEACH, FL 33141

(City/State and Zip Code)

For further information concerning this matter, please call:

SCOTT BRONGER	630	330-3992
	_ at ()
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)

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

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)

- The name of the limited liability company as it appears on the records of the Florida Department of State is: <u>L & S MARINE LLC</u>.
- 2. The Florida document/registration number assigned to this limited liability company is:

L17000002087

- 3. The date this member/manager withdrew/resigned or will withdraw/resign is: _____
- 4. I. LON E HOLMQUIST

E HOLMQUIST______, hereby withdraw/resign as a ______, hereby withdraw/resign as a

MEMBER

(Print Title)

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

Signature of Dissociating Member or Resigning Manager

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

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