117000/10656

| (Requesto | r's Name) | |
|----------------------------------|-----------------|--------------|
| (Address) | | |
| | | |
| (Address) | | ·- |
| (City/State | /Zip/Phone #) | |
| (011)/01010 | , <u></u> , | |
| PICK-UP | WAIT | MAIL |
| | | |
| (Business | Entity Name) | |
| | | |
| (Document Number) | | |
| | | |
| Certified Copies | Certificates of | Status |
| | | |
| Special Instructions to Filing (| Officer: | |
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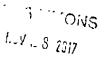




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COVER LETTER

| то: | Registration Section Division of Corporations | | , |
|----------------------------------|---|--------------------------------|---|
| SUBJ | FOUR PLUS MARINE HOLDI | NG LLC | |
| .5000 | (Name of Limited | d Liability Com | pany) |
| The en | nclosed member, resignation or dissociati | ion and fee(s) | are submitted for filing. |
| Please | return all correspondence concerning thi | is matter to: | |
| PEDF | RO JOSE ROJAS | | |
| | (Contact Person) | | • |
| FOU | R PLUS MARINE HOLDING LLC | | |
| | (Firm/Company) | | - |
| 6452 | NW 77 CT | | _ |
| | (Address) | - | |
| MIAN | ЛI, FL 33166 | | |
| | (City/State and Zip Code) | | - |
| For fu | orther information concerning this matter. | , please call: | |
| PEDI | RO JOSE ROJAS | 786 | 344-5837 |
| | (Name of Contact Person) | (Area Code | & Daytime Telephone Number) |
| | sed please find a check made payable to 5 Filing Fee | the Florida D □ \$55 Filing | Department of State for: Fee & Certified Copy |
| Regis Divis Clifto 2661 | EET/COURIER ADDRESS: stration Section ion of Corporations on Building Executive Center Circle hassee, 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)

| of State is: FOUR PLUS MARINE HOI | • |
|--|---|
| 2. The Florida document/registration number L17000110656 | er assigned to this limited liability company is: |
| 3. The date this member/manager withdrew. | /resigned or will withdraw/resign is: |
| | |
| (Print Name of Person Resigning) | , hereby withdraw/resign as a |
| MGR | |
| (Print Title) | |
| of this limited liability company and affirr resignation in writing. | n the limited liability company has been notified of my |
| - total | |

\$25.00 (Required) \$30.00 (Optional)

Filing Fee:

Certified Copy: