L17000146331

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COVER LETTER

TO: Registration Section		
Division of Corporations		
SUBJECT: Marine Essentials, LLC		
(Name of Lim	nited Liability Co	ompany)
The enclosed member, resignation or dissoci	ation and fee	(s) are submitted for filing.
Please return all correspondence concerning	this matter to	:
Sue Nerud		
(Contact Person)		_
Marine Essentials LLC		
(Firm/Company)		_
2213 Anne Avenue		
(Address)		_
Port Charlotte, FL 33952		
(City/State and Zip Code)		_
For further information concerning this matter	er, please call	:
Sue Nerud	612	581-3745 Le & Daytime Telephone Number)
(Name of Contact Person)	(Area Cod	le & Daytime Telephone Number)
Enclosed please find a check made payable to	o the Florida	Department of State for:
\$25 Filing Fee	■ \$55 Filin	g Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
Clifton Building 2661 Executive Center Circle		P.O. Box 6327
AUDI EXECUTIVE CERTEL CHOIC		Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301







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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	e limited liability company as it appears on the records of the Florida Department
of State is:	ine Essentials, LLC
2. The Florida doc	ument/registration number assigned to this limited liability company is:
L170001463	31
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: 12/3//2018
4. 1, Mar /- (Print N	Ame of Person Resigning), hereby withdraw/resign as a
Mana	Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
July	min
Signature of D	issociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)