L17000183224

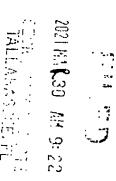
(Requesto	r's Name)			
(Address)				
(Address)				
(City/State	/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Business	Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
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O BRUCE WAY 20 2021

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Vandalize Boats Works LLC				
(Name of Limited	Liability Cor	mpany)		
The enclosed member, resignation or dissociation	on and fee(s	s) are submitted for filing		
Please return all correspondence concerning this	s matter to:			
Hugo Dominguez				
(Contact Person)		_		
Vandalize Boats Works LLC				
(Firm/Company)		_		
4238 nw 37 ave				
(Address)		_		
Miami, Florida, 33142				,
(City/State and Zip Code)		_		<u>.</u>
For further information concerning this matter,	please call:		262 BA 730	6
Hugo Dominguez	305	5049242)		
(Name of Contact Person)	\ 	& Daytime Telephone Nur	mber) प	

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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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)

	limited liability company	as it appears on the records of the Florid	la Department
2. The Florida docu L17000183224	ument/registration number	assigned to this limited liability compar	ny is:
3. The date this me	mber/manager withdrew/r	esigned or will withdraw/resign is:	3/2021
B : 1 B I		, hereby withdraw/resign as a	
Manager	(Print Title)		2021 MARCO
of this limited lia resignation in wr	bility company and affirm iting.	the limited liability company has been i	notified of my
Signature of Di	ssociating Member or Res	igning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		