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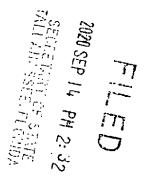
(Re	equestor's Name)	
	ddress)	
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PICK-UP	MAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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V. S.

COVER LETTER

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TO: Registration Section	•	•
Division of Corporations		
Apogee Yacht Services LLC SUBJECT:		
	of Limited Liability Co	ompany)
The enclosed member, resignation or o	dissociation and feet	(s) are submitted for filing.
Please return all correspondence conce	ming this matter to	:
MICHAEL FRANK		
(Contact Person)	-	_
APOGEE YACHT SERVICES LLC		
(Firm/Company)	·	_
3409 10TH LANE WEST		
(Address)		_
PALMETTO FL 34221		
(City/State and Zip Code)		_
For further information concerning this	matter, please call:	
MICHAEL FRANK	954 at (6298114
(Name of Contact Person)		& Daytime Telephone Number)
Enclosed please find a check made pay	able to the Florida I	Department of State for:
■ \$25 Filing Fee		g Fee & Certified Copy
Mailing Address:		Street Address.
Registration Section		Street Address: Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810
		Tallahassee, FL 32303



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)

APC	DGEE YACHT SERVICES LLC	it appears on the records of the Florid	da Departmen
		signed to this limited liability compar	ny is:
4. I, <u>WENDY FRAM</u>	NK	gned or will withdraw/resign is:	1/2020 1020 SEP
AUTHORIZED		tors	
	(Print Title)		PH 2
of this limited life resignation in w	ability company and affirm the riting.	limited liability company has been n	notified of my
del			
Signature of D	Dissociating Member or Resign	ing Manager	
Filing Fee: Certified Copy	\$25.00 (Required) \$30.00 (Optional)		