L18000008265

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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DISS/Resign

(Name of Limited Liability Company)

Sea Dog Paddle LLC

TO: Registration Section Florida Division of Corporations

Dear Sirs:

Along with changes due to my resignation, enlosed, please amend the mailing address for Sea Dog Paddle LLC to be the same as the corporate address and send any future correspondence or annual report renewals etc to:

(Name of Contact Person)

Sea Dog Paddle LLC Attn: Michael Capuzzi 101 N Riverside Dr. Suite 203 Pompano Beach, Fl. 33062

Thank You,

Sincerel/.

July 1 10000

Sheree Lincoln, Resigning Member Phone Contact: 231-335-7278

COVER LETTER

~	istration Section sion of Corporations		
5111	·		
SUBJECT:			
	(Name of L	imited Liability Co	ompany)
The enclose	d member, resignation or disso	ociation and fee	(s) are submitted for filing.
Please return	n all correspondence concernir	ng this matter to	:
Sheree Lincoln	n		
	(Contact Person)		_
Sea Dog Eco	Fours		
	(Firm/Company)		
414 Crescent S	St		
	(Address)		_
Fort Myers Be	each, Ft. 33931		
	(City/State and Zip Code)		_
For further i	nformation concerning this ma	itter, please calf	:
Sheree Lincoln	n	231 at (335-7278
4)	Name of Contact Person)	(Area Cod	e & Daytime Telephone Number)
Enclosed ple ■ \$25 Filin	ease find a check made payableg Fee		Department of State for: ng Fee & Certified Copy
Regi Divi P.O.	ing Address: stration Section sion of Corporations Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
			Tallahacean 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)

	limited liability company as it appea		a Department
2. The Florida docu 1.18000008265	iment/registration number assigned t	o this limited liability compan	y is:
4. I. Sheree I. Lincoln tPrint N	mber/manager withdrew/resigned or , ho ame of Person Resigning)	-	20203 CT 9 PH
	Print Tale) Dility company and affirm the limited (iting.	I liability company has been no	1: 03
Signature of Di	y X much ssociating Member or Resigning Ma	nager	
	\$25.00 (Required) \$30.00 (Optional)		