# 118000022242

(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT	-MAIL			
(Business Entity Name)				
(2.0,,				
(Document Number)				
Certified Copies Certificates of Statu	s			
Co				
Special Instructions to Filing Officer:				





800320989178

11/20/18--01016--007 ++25.00

#### **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT: A&M Boat Rentals and More	е	
(Name of Lim	ited Liability C	ompany)
The enclosed member, resignation or dissoci	ation and fee	c(s) are submitted for filing.
Please return all correspondence concerning	this matter to	<b>)</b> :
Michelle Walker		
(Contact Person)	<del></del>	<del></del>
A&M Boat Rentals and More		
(Firm/Company)		<del>-</del>
423 80th St		
(Address)		_
Marathon, FL 33050		
(City/State and Zip Code)		<b>_</b>
For further information concerning this matter	r, please call:	
Michelle Walker	305	417-0770
(Name of Contact Person)		e & Daytime Telephone Number)
Enclosed please find a check made payable to  ■ \$25 Filing Fee	the Florida I	Department of State for: g Fee & Certified Copy

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, 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)

			0 1
1. The name of the limited	d liability company as it a	appears on the records of the	子 Florida Department
of State is: A&M Boat	Rentals and More		. 08
2. The Florida document/i	registration number assign	ned to this limited liability co	ompany is:
3. The date this member/n	nanager withdrew/resigne	ed or will withdraw/resign is:	11/12/2018
James C Ha		_, hereby withdraw/resign as	
Member			
(Print Ti	tle)		
of this limited liability coresignation in writing.	ompany and affirm the lin	nited liability company has be	een notified of my
	amod II		
Signature of Dissociate	ng Member or Resigning	Manager	
Filing Fee: \$25.	00 (Required)		
	00 (Optional)		