L18 0000 47643

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

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U3/25/19--U1018--U29 ++25.00

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COVER LETTER

TO: Registration Section

CR2E079 (2/14)

LLC				
(Name of Limited Liability Company)				
ciation and fee	(s) are submitted for filing.			
g this matter to	:			
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	_			
	_			
	_			
ter, please call	:			
954	882-0452			
	le & Daytime Telephone Number)			
	Department of State for: ng Fee & Certified Copy			
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
	ter, please call at (Area Cooks)			



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)

1. The name of the	limited liability company a	is it appears on the record	ds of the Florida Departmen
of State is:	aritime Housing LLC		,
2. The Florida doc L180000476	ument/registration number a	assigned to this limited li	iability company is:
3. The date this mo	ember/manager withdrew/re	signed or will withdraw/	resign is: 01/08/2019
4. I. Diana Cast	illo	, hereby withdraw	
(Print N	iame of Person Resigning)		·
Title MGR n	nanager		2019 SALL
Title MGR manager (Print Title) of this limited liability company and affirm the			
of this limited lia	bility company and affirm t	he limited liability comp	any has been nonfied of my
resignation in wr	riting,		
Lièn	o Patill		CLEAN DE
Signature of D	issociating Member or Resi	gning Manager	32-
-	\$25.00 (Required)		
Certified Conv.	\$30.00 (Ontional)		