

L18000052237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

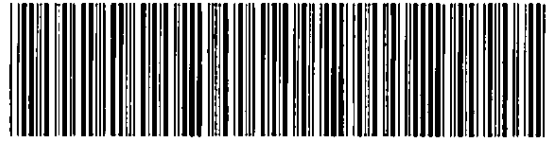
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INTEGRAL YACHT SERVICES, LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

JODI RONEN
(Contact Person)

JG COSNULTING SERVICES, LLC
(Firm/Company)

5481 WILES RD STE 502
(Address)

COCONUT CREEK, FL 33073
(City/State and Zip Code)

REC- FEB 20 PM 2:01

For further information concerning this matter, please call:

JODI RONEN at (954) 449-9709
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:
 \$25 Filing Fee \$55 Filing Fee & Certified Copy

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



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 as it appears on the records of the Florida Department of State is: INTEGRAL YACHT SERVICES, LLC

2. The Florida document/registration number assigned to this limited liability company is:

L18000052237

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01/01/2024

4. I, TROY MATTHEW PALMER, hereby withdraw/resign as a
(Print Name of Person Resigning)

MGR

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

* Troy Palmer

Signature of Dissociating Member or Resigning Manager