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COVER LETTER

_	stration Section sion of Corporations					
SUBJECT:	Ocean Mechanical Repairs					
SOBJECT.	(Name o	of Limited Liability (Company)	•		
The enclosed	d member, resignation or di			r filing.		
Please return	all correspondence concer	ning this matter t	o:			
Omar Eldridge	:					
	(Contact Person)					
Ocean Mechan	nical Repairs				~	
	(Firm/Company)			-	1922 /	
72 Pleasant Hi	II Ln			:-	2022 AUG 29	
· · · · · · · · · · · · · · · · · · ·	(Address)			•		بي
Tamarac, FL 3	3319				PH 12: 42	ار با
	(City/State and Zip Code)				42	
For further is	nformation concerning this	matter, please ca	11:			
Omar Eldridge	•	954 at (4614914)			
(N	Jame of Contact Person)		ode & Daytime Telepho	one Number)		
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	ng Address: stration Section		Street Address: Registration Sect	ion		
Divis	sion of Corporations		Division of Corpo	orations		
	Box 6327 hassee, FL 32314		The Centre of Ta 2415 N. Monroe		10	
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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)

	limited liability company as Mechanical Repairs	it appears on the records of the Flor	rida Depa	irtment	l
2. The Florida doci	ument/registration number as	signed to this limited liability comp	any is:		
3. The date this me	mber/manager withdrew/resi	gned or will withdraw/resign is: $\frac{03}{}$	29/2022	<u>-</u>	
4. I, Amanda Eldridge	ame of Person Resigning)	, hereby withdraw/resign as a			
Manager					
	(Print Title)				
of this limited lia resignation in wr	1	e limited liability company has been	notified	of my	
Signature of D	ssociating Member or Resign	ning Manager	-	2022 AUG	جر .
_	\$25.00 (Required)			629	جر . ا
Certified Copy:	\$30.00 (Optional)		93 276 276	9 PH 12: 1	