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COVER LETTER

TO: Registration Section Division of Corporations	L .
BOAT MIAMI RENTAL LLC	
SUBJECT: (Name of Limited Liability Cor	npany)
The enclosed member, resignation or dissociation and fee(s	s) are submitted for filing.
Please return all correspondence concerning this matter to:	
FRANCISCO LIMONGI	
(Contact Person)	_
BOAT MIAMI RENTAL LLC	
(Firm/Company)	_
7751 NW 107 AVE SUITE 817	₹1 }
(Address)	
DORAL FL 33178	
(City/State and Zip Code)	_
For further information concerning this matter, please call:	
BLAS LIMONGI 786	270 8811
(Name of Contact Person) at (at () & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida II \$25 Filing Fee \$55 Filing	Department of State for: 3 Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	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)

BOA	limited liability company as it apports MIAMI RENTAL LLC		rida Department
L1800020093		to this limited liability comp	pany is:
	mber/manager withdrew/resigned of LIMONGI		2/01/2018
	ame of Person Resigning)	hereby withdraw/resign as a	
(Print N MGR	ame of Person Resigning)	`.	
	(Print Title))3Ú
of this limited lia	bility company and affirm the limit	ed liability company has bee	n notified of my -
resignation in wr	iting.		\supset .
. 17	$^{\circ}Q$		م _س پې
Two A	4		ភា
Signature of Di	ssociating Member or Resigning M	lanager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		