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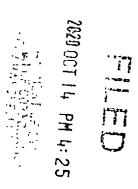
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| Certified Copies | _ Certificates | s of Status |
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| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

Division of Corporations Legion Undersea Services, LLC SUBJECT: (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: John A, Marsack (Contact Person) Legion Undersea Services, LLC (Firm/Company) 1736 Whitney Isles Drive (Address) Windermere, FL 34786 (City/State and Zip Code) For further information concerning this matter, please call: John A. Marsack (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: □ \$25 Filing Fee ■ \$55 Filing Fee & Certified Copy Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)

TO:

Registration Section



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 an Undersea Services, LLC | s it appears on the records of the l | Horida Department |
|---------------------------------------|---|---------------------------------------|--------------------|
| 2. The Florida doci | ument/registration number a | assigned to this limited liability co | mpany is: |
| 3. The date this me | mber/manager withdrew/re | signed or will withdraw/resign is: | 14SEP2020 |
| Robert A. Galeni | ine lame of Person Resigning) | , hereby withdraw/resign as | |
| . | (Print Title) | | |
| of this limited lia resignation in wr | | he limited liability company has b | een notified of my |
| Signature of Di | ssociating Member or Resig | gning Manager | |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | 7020 OCT 14 PM 4 |