H8000238914

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

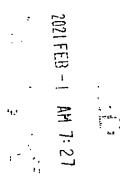
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COVER LETTER

TO: Registration Section		
Division of Corporations		
SUBJECT: Okeanos Services LLC		
	mited Liability C	Company)
The enclosed member, resignation or dissoc	ciation and fee	e(s) are submitted for filing.
Please return all correspondence concerning	g this matter to	0:
Michael Bullock		
(Contact Person)		
(Firm/Company)		
3718 Flagler Ave		
(Address)		
Key West (City/State and Zip Code)		
(City/State and Zip Code)		
For further information concerning this mat	tter, please cal	II:
Michael Bullock	at (305) 8490239
(Name of Contact Person)	(Area Co	de & Daytime Telephone Number)
Enclosed please find a check made payable	to the Florida	Department of State for:
■ \$25 Filing Fee		ing 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



DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	e limited liability company as it app	ears on the records of the Florida Department
of State is: Okea	anos Services, LLC	
2. The Florida doc	rument/registration number assigned	to this limited liability company is:
L18000238914		
3. The date this me	ember/manager withdrew/resigned o	or will withdraw/resign is: 19 January, 2021
4. I, <u>Mike Bullock</u> <i>(Print</i> N	Name of Person Resigning)	hereby withdraw/resign as a
	ber (AMBR) (Print Title)	
of this limited lia resignation in wr		ed liability company has been notified of my
Signature of D	issociating Member or Resigning N	lanager
_	\$25.00 (Required)	
Certified Conv.	\$30.00 (Ontional)	