

L1900000 8423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

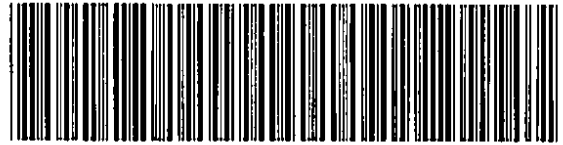
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 MAY 24 PM 1:40
FALL RIVER, MA

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JUN 11 2019
T. L. B. B. B.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Leviathan Key West 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:

Angela Megow
(Contact Person)

Leviathan Key West LLC
(Firm/Company)

721 South Street #5
(Address)

Key West, FL 33040
(City/State and Zip Code)

For further information concerning this matter, please call:

Angela Megow
(Name of Contact Person)

at (305) 407-4676
(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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



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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: Leviathan Key West LLC

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

L19000008423

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 5/18/19

4. I, Steven Martin Jr., hereby withdraw/resign as a

(Print Name of Person Resigning)

Authorized Person

(Print Title)

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

[Signature]

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)

Certified Copy: \$30.00 (Optional)