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01/03/24--01039--011 **55.00



COVER LETTER

Division of Corporations	
SUBJECT: CAPTOIN JAC (Name of Limited)	K BOST TOURS LLC Liability Company)
The enclosed member, resignation or dissociation	n and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to:
GREG AUMENT	<u>r</u>
,	
(Firm/Company)	
P.O. Box 2251 (Address)	
FT. LAUDERDALE, FL (City/State and Zip Code)	<u>33303</u>
For further information concerning this matter, p	lease call:
(Name of Contact Person)	(850) 324-4845 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to th \$\Boxed{\top}\$ \$\\$5 Filing Fee	e Florida Department of State for: \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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)

1. The name of the l	limited liability	company as	it appears o	on the records	of the Flor	ida Depa	ırtment
of State is:	CAPTAIN	JACK	BOAT	TOURS	LLC		
2. The Florida docu	ment/registratio	n number as	signed to th	nis limited liab	oility compa	any is:	
L19000C	76125					799:	
3. The date this mer	mber/manager w	ithdrew/resi	gned or wil	ll withdraw/re	sign is:	· <u>·</u> ,	<u> </u>
4. I, John (Print No.	LAPLANT nme of Person Resig	TE gning)	, hereb	y withdraw/re	esign as a	; :	
<u> </u>	1BR MA, Print Title)	UAGER.				ن. ن.	
of this limited liab resignation in writ		nd affirm the	e limited lia	ability compar	ny has been	notified	of my
Signature of Dis	La Tossociating Memb		o ning Manag	ger			
Filing Fee: Certified Copy:	•						