

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:	Division of Co	vision of Corporations	
	Fax Number	: (850)617-6383	ASSE
From:			SHC SHC
	Account Name	: DOMINIUM CONSULTING SERVICES, LLC	··· • ·
	Account Number	: 120210000039	
	Phone	: (407)374-2329	
	Fax Number	: (407)412-5926	GRIDA
Enter	the email addres	s for this business entity to be used for future	
	nual cenort maili	ings. Enter only one email address please.**	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

BOAT CLUB 777, LLC



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Help

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COVER LETTER

TO: Registration Section Division of Corporations

BOAT CLUB 777, 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:

Fabio Dias

(Contact Person)

(Firm/Company)

4247 Player Cir

(Address)

Olando FI 32808

(City/State and Zip Code)

For further information concerning this matter, please call:

 Fabio
 407
 860-3285

 (Name of Contact Person)
 at (______)
 (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for: \$\left\$ \$25 Filing Fee Certified Copy

<u>Mailing Address:</u> 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 limited liability company as it appears on the records of the Florida Department of State is: _____ .
- 2. The Florida document/registration number assigned to this limited liability company is: L19000139645

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

Fabio da Silva Dias 4. I, _____

_____, hereby withdraw/resign as a

(Print Name of Person Resigning)

Member

(Print Title)

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

Fabio da Silva Dias

Fabio da Silva DiasSignature of Dissociating Member or Resigning Manager

Filing Fee:\$25.00 (Required)Certified Copy:\$30.00 (Optional)

