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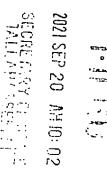
(Reque	estor's Name)			
(Addre	ss)			
(Addre	ss)			
				
(City/S	tate/Zip/Phone #)			
PICK-UP	WAIT	MAIL		
(Busin	ess Entity Name)			
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				
		_		

Office Use Only



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COVER LETTER

~	stration Section sion of Corporations		
SUBJECT:	H2O DOCK SOLUTIONS, LLC		
3013/13011		Limited Liability Co	пірапу)
The enclose	d member, resignation or diss	sociation and fee(s) are submitted for filing.
Please returi	n all correspondence concerni	ing this matter to:	
Edward Mana	sse		
	(Contact Person)		_
H2O Dock So	dutions, LLC		
	(Firm/Company)		_
3020 Bear Bay	y Road		
	(Address)		_
Myakka City,	F1. 34251		
	(City/State and Zip Code)		_
For further i	nformation concerning this m	natter, please call:	
Edward Mana	ssc	941 at (301-8337
4)	Name of Contact Person)		& Daytime Telephone Number)
Enclosed ple	ease find a check made payab	le to the Florida I	Department of State for:
■ \$25 Filin	• •		g Fee & Certified Copy
	ng Address:		Street Address:
	stration Section		Registration Section
	sion of Corporations Box 6327		Division of Corporations The Centre of Tallahassee
	ahassee. FL 32314		2415 N. Monroe Street, Suite 810
ranc	massec, i E 52517		Tallahassee, FL 32303



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)

	e limited liability company as		•
2. The Florida doc	ument/registration number as	ssigned to this limited lia	ability company is:
Thomas D Ford	ember/manager withdrew/res		
Manager	(Print Title) bility company and affirm the		
resignation in w	riting.	- mined matrixy compa	my has been notified of my
	issociating Member or Resign \$25.00 (Required) \$30.00 (Optional)	ning Manager	FJL 2021 SEP 20 SEGRETASS