119000163721

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State Fin/Dhone 4) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |

Office Use Only



300343143903

04/15/20--01009--005 **25.00

SELECTION OF AN OF AN



COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|--|
| SUBJECT: Seaboard Mobile Bar 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: | |
| Carole EAIY (Contact Person) | |
| <u>Veaboard Mobill Bar</u> (Firm/Company) | |
| 17117 gulf BlVd Apt 634 | |
| Redington Beach FL 33708 (City/State and Zip Code) | |
| For further information concerning this matter, please call: | |
| Carole EATY at (757) 3625788 (Name of Contact Person) (Area Code & Daytime Telephone Number) | |
| Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\Bigsquare\$ \$55 Filing Fee & Certified Copy | |
| Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations | |

Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314



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 compared of State is: $\underline{Seaboard}$ | ny as it appears on the records of the Florida Department Nobite Barty Letter Pany Letter Barty Letter Barty |
|---|--|
| 2. The Florida document/registration number 1900 6372 | ber assigned to this limited liability company is: |
| 3. The date this member/manager withdre | w/resigned or will withdraw/resign is: $\frac{3/1/2020}{}$ |
| 4.1. <u>Jessica Halley</u> (Print Name of Person Resigning) | |
| MGRM COOW | <u>nl</u> e |
| of this limited liability company and affiresignation in writing. | rm the limited liability company has been notified of my |
| Phalloe | APR Skigning Manager |
| Signature of Dissociating Member or I | J |
| Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional) | AM 9: 4: |