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## **COVER LETTER**

<b>TO:</b> Registration Section Division of Corporati	ons	
SUBJECT: Sugarlo	Name of Limited Liability Company)	
The enclosed member, resign	nation or dissociation and fee(s) are submitted fo	or filing.
Please return all corresponde	ence concerning this matter to:	
Shelby Robers	SOM	
Sugarloaf Mari	QQ ompany)	
17015 Overseus	S Hwy  ess)	
Sugarloaf Key (City/State)	FL 33042 and Zip Code)	
For further information conc	erning this matter, please call:	
Shelby Roberson (Name of Contact P	at ( <u>828</u> ) <u>331-10</u> (Area Code & Daytime Teleph	488 hone Number)
Enclosed please find a check \$25 Filing Fee	made payable to the Florida Department of Sta	
Mailing Address: Registration Section Division of Corporati	Street Address: Registration Sections Division of Corp	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

Tallahassee, FL 32314

P.O. Box 6327



## 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: _Sv	garloaf Marina LLC		
2. The Florida docu	ment/registration number assigned to	this limited liability company is:	
L19000	199943		
3. The date this me	mber/manager withdrew/resigned or w	rill withdraw/resign is: 111125	
	IRUSSELL , here	eby withdraw/resign as a	
MANAG	Print Title)	Zigability company has been notified of my.	
of this limited lial resignation in wr	oility company and affirm the limited ting.		
	2 mille		
Signature of Di	ssociating Member of Resigning Mana	ager 7	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		