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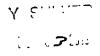
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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	JECT: BILL CLARK & SONS MA	ARINE SERVIC	E L.L.C.		
	(Name of Limited Liability Company)				
The en	nclosed member, resignation or diss	ociation and fee(s) are submitted for filing.		
Please	e return all correspondence concerni	ng this matter to:			
NICH	IOLAS C. CLARK				
	(Contact Person)		_		
BILL	CLARK MARINE SERVICE INC				
	(Firm/Company)	.	_		
2116	AVENUE B				
	(Address)		_		
RIVIE	ERA BEACH, FL 33404				
	(City/State and Zip Code)		-		
For fu	orther information concerning this ma	atter, please call:			
NICH	IOLAS C. CLARK	561 at (842-4995		
	(Name of Contact Person)		& Daytime Telephone Number)		
	sed please find a check made payabl 5 Filing Fee		Department of State for: g Fee & Certified Copy		
	ET/COURIER ADDRESS:		MAILING ADDRESS:		
_	tration Section on of Corporations		Registration Section Division of Corporations		
	n Building		P.O. Box 6327		
	Executive Center Circle		Tallahassee, Florida 32314		
Tallah	assee, Florida 32301				

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)

RII I	e limited liability company as it ap	EBV/ICE LLC	ida Department
	ument/registration number assign		any isa SEC
3. The date this me	ember/manager withdrew/resigned	11/ I or will withdraw/resign is:	(01/19)
A RAA1 (10A)	CLARK II Name of Person Resigning)		
MEMBER	sume of verson kesigning)		$-\hat{s_i}$
	(Print Title)		• · · · · ·
of this limited lia resignation in wr	bility company and affirm the limiting.	ited liability company has been	notified of my
Willia	ma Clock	I	
Signature of Di	ssociating Member or Resigning	Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		