h2000005889

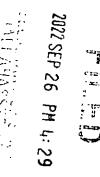
(Re	questor's Name)	
(Ad	dress)	<u></u>
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



300394798753

09/26/22--01017--029 **25.00



COVER LETTER

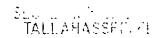
TO: Registration Section Division of Corporations NOEL MARINE BOATS REPAIR LLC SUBJECT: (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: NOEL GARCIA BENITEZ (Contact Person) NOEL MARINE BOATS REPAIR LLC (Firm/Company) 2810 W OHIP AVE (Address) **TAMPA FL 33607** (City/State and Zip Code) For further information concerning this matter, please call: NOEL GARCIA BENITEZ 813 (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 ☐ \$55 Filing Fee & Certified Copy Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



FILED

2022 SEP 26 PM 4: 29



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)

		as it appears on the records of the Florida Department
		assigned to this limited liability company is:
MARISBEL LO	PEZ	resigned or will withdraw/resign is: 09/23/2022, hereby withdraw/resign as a
MGR	(Print Title)	
of this limited lia resignation in wr	bility company and affirm riting.	the limited liability company has been notified of my
Signature of D	issociating Member or Res	igning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	