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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Mame of Limited Liat	care Safe Boatyard LL
The enclosed member, resignation or dissociation a	nd fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to:
(Contact Person)	
Miami River Horricare (Firm/Company)	Sare Boatyard LLC
3200 NW North River	Drive
Miami Porida 31 (Chy/State and Zip Code)	3142
For further information concerning this matter, pleas	se call:
Marshall Jourge at (Are	217-) 6402150 ca Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Fl □ \$25 Filing Fee □ \$25 Filing Fee	orida Department of State for: 5 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building
2661 Executive Center Circle

Tallahassee, Florida 32301





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
$0 \cdot 0 \cdot$
of State is: Miam. River Horricane Safe Boatyard We
2. The Florida document/registration number assigned to this limited liability company is:
L 200000 41 480
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/30/2020
. ^
4.1. Mar Shall book hereby withdraw/resign as a (Print Name of Person Resigning)
\\ Print Name of Person Resigning)
Mice Gesiden
(Print Title)
of this limited liability company and affirm the limited liability company has been notified of my
resignation in writing.
Sil Marshar on Businesian Manuar
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)