## L20000149746

(Re	equestor's Name)	
(Ac	idress)	
(Ac	Idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





000400351070

01/17/23-+01010--010 \*\*25.00



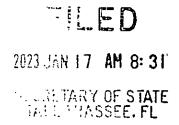
## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: WORF SUN BOAT CENTAL 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:
Petra Luby (Contact Person)
Petra Kuby (Contact Person)  More Sun Boattental LC (Firm/Company)
1708 SW 51 St Ter
Cope Coral FT, 33914 (City/State and Zip Code)
For further information concerning this matter, please call:
Pelva Kuby at (239) \$10 7787  (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$\infty\$ \$25 Filing Fee \$\infty\$ Copy

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303





## 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:	10re Sun Boatrental UC	
2. The Florida docu	ment/registration number assigned to this limited liability company is:	
1 2000	00 1497 46	
3. The date this men	mber/manager withdrew/resigned or will withdraw/resign is: 12 3 2022	
	hereby withdraw/resign as a me of Person Resigning)	
M G		
(	Print Title)	
of this limited liab resignation in wri	oility company and affirm the limited liability company has been notified of my ting.	
MER		
Signature of Di	ssociating Member or Resigning Manager	
Filing Fee:	\$25.00 (Required)	
Certified Conv.	\$30.00 (Ontional)	