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COVER LETTER

OCEAN SERVICES GROUP 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: Silvana Garibello (Contact Person) OCEAN SERVICES GROUP LLC (Firm/Company) 1680 Michigan avenue suite 700 (Address) MIAMI BEACH, FL 33139 (City/State and Zip Code) For further information concerning this matter, please call: Silvana Garibello (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: **I** \$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

TO:

Registration Section
Division of Corporations



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:	OCEAN SERVICES GROUP LLC			
2. The Florida docu	ument/registration number	assigned to this limited liability co	ompany is:	
LLC	L20000153844	<u>.</u>		
3. The date this me	mber/manager withdrew/i	resigned or will withdraw/resign is:	12/31/2024	
4. I. (Print Name of Person Resigning)		, hereby withdraw/resign as	_, hereby withdraw/resign as a	
(Print 8	lame of Person Resigning)			
MANAGER				
 	(Print Title)	·		
of this limited lia resignation in wr		the limited liability company has t	ocen notified of my	
Johnson	07/09/2	2024	2021	
Signature of D	issociating Member or Re	signing Manager	-c	
			ā	
Filing Fee:	\$25.00 (Required)		.·?	
	\$30.00 (Optional)			
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