12000182902

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

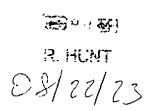
Office Use Only



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08/22/23--01003--005 ++25.00

DATE OF STAR DIVERSION OF STAR CONTROL OF STAR





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)

	limited liability company as it appears on the records of the Florida Depa Shipping LLC	
2. The Florida docu L20000182902	ument/registration number assigned to this limited liability company is:	2023 AUG 22
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:	
4. I.	, hereby withdraw/resign as a lame of Person Resigning)	PH 12: 40
Manager		_
of this limited lial resignation in wr		of my
Yvelt E Signature of Di	ecu issociating Member or Resigning Manager	
Filing Fee:	\$25.00 (Required)	

COVER LETTER

aited Liability (ompany)	
iation and fee	c(s) are submitted for filing.	
this matter to	o:	
		
		
	<u> </u>	
(City/State and Zip Code)		
ter, please ca	11:	
561	542-3044	
	ode & Daytime Telephone Number)	
	a Department of State for: ing Fee & Certified Copy	
	Street Address: Registration Section Division of Corporations	
1	ter. please ca at (

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

P.O. Box 6327

Tallahassee, FL 32314