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COVER LETTER

Division of Corporations VIP BOAT SERVICES 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: JOHNNY AYMERICH (Contact Person) VIP BOAT SERVICES LLC (Firm/Company) 442 ANNE STREET (Address) DELAND, FL 32724 (City/State and Zip Code) For further information concerning this matter, please call: JOHNNY AYMERICH (Area Code & Daytime Telephone Number) (Name of Contact Person) 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

TO:

Registration Section



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 compar	ny as it appears on the records of the Florida Department
of State is: VIP E	BOAT SERVICES LLC	
2. The Florida doct L20000187218	ument/registration numb	per assigned to this limited liability company is:
3. The date this me	ember/manager withdrev	v/resigned or will withdraw/resign is:
4. I, REYNELLA GIRALD, hereby withdraw/resign as a, hereby withdraw/resign as a		, hereby withdraw/resign as a
(Print N	lame of Person Resigning)	
SECRETARY		
	(Print Title)	·
of this limited lial resignation in wr		m the limited liability company has been notified of my
Rumeller Signature of Di	Giralel issociating Member or R	esigning Manager
~	Č	
Filing Fee:	\$25.00 (Required)	

Certified Copy:

\$30.00 (Optional)