

L 20000345300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

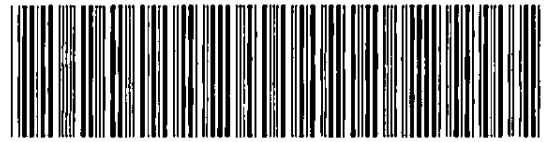
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Wmills

Office Use Only



300421352253

01/08/24--01019--022 \*\*25.00

01/08/24 10:25 AM

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 743 WILLOWHEAD BOAT  
\_\_\_\_\_  
(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:

Joe Charters

\_\_\_\_\_  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

539 Bay Villas Lane

\_\_\_\_\_  
(Address)

Naples, FL 34108

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Joe Charters

24 426-7979  
at ( )

\_\_\_\_\_  
(Name of Contact Person)

\_\_\_\_\_  
(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$25 Filing Fee

\$55 Filing Fee & Certified 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: 743 WILLOWHEAD BOAT, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L20000345300

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/1/2023

4. I, Mary Charters, hereby withdraw/resign as a MEMBER  
*(Print Name of Person Resigning)*  
AMBR  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)