L20000345300

(Re	equestor's Name)				
(Address)					
(Ac	ldress)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificate:	s of Status			
Special Instructions to Filing Officer:					
(LM.1	K				

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COVER LETTER

TO:	_	stration Section sion of Corporations			
SUBJI		743 WILLOWHEAD BOAT			
		(Name of Li	mited L	Liability Co	mpany)
The er	nclosed	I member, resignation or disso	ciation	n and fee(s) are submitted for filing.
Please	return	all correspondence concerning	g this	matter to:	
Joe Cha	arters				
		(Contact Person)			_
		(Firm/Company)			_
539 Bay	y Villas	Lane			
		(Address)			_
Naples,	, FL 341	108			
		(City/State and Zip Code)			_
For fu	rther i	nformation concerning this ma	tter, p	lease call:	
Joe Cha	arters		at (2-4	426-7979
	(N	ame of Contact Person)	(Area Code	& Daytime Telephone Number)
	•	ease find a check made payable			
= \$25) Filing	g Fee	الــا	\$55 Filin	g Fee & Certified Copy
	Regis	ng Address: stration Section sion of Corporations			Street Address: Registration Section Division of Corporations
	P.O.	Box 6327 hassee, FL 32314			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)

of State is: 743 V	VILLOWHEAD BOAT, LLC		<u>_</u> .
2. The Florida doc 1.20000345300	ument/registration number assigned	to this limited liability company is:	
<u> </u>	ember/manager withdrew/resigned o	or will withdraw/resign is:	
	Name of Person Resigning)		
AMBR	(Print Title)	700	
of this limited lia resignation in w		ed liability company has been notified of a	my'
		20.	مب نند •
Signature of D	issociating Member or Resigning M	anager w	
Filing Fee: Certified Conv	\$25.00 (Required) \$30.00 (Optional)		