L21000039482

(R	equestor's Name)				
(Ad	ddress)					
(Āc	ddress)					
(Ci	ty/State/Zip/Phor	ne #)				
PICK-UP	WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificate	es of Status				
Special Instructions to	Filing Officer.					

Office Use Only



800414196418

08/22/23--01021--014 **55.00

DIVISION OF CORPARISH IN

画-191 R. HUNT OS/72/23

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Cogstline Pontson Charters LLC (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:
Brandon Von Lanken (Contact Person)
Coastline Ponton Charters (Firm/Company)
200 Sandestin Lane #1203 (Address)
Missimer Beach FL 32550 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (\$50) 714 - 3085 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: □ \$25 Filing Fee

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 liabi	lity company as	it appears on	the rec	ords of the Florida	Department
of State is: 600	istline	Pontoon	Charters	LL(<u> </u>	·
2. The Florida docu	ment/registr	ration number as	ssigned to this	s limite	d liability company	is:
L210000			·		,	
3. The date this mer	nber/manag	er withdrew/res	igned or will	withdra	w/resign is: 2 g	5 23
4. I. Savani	me of Person	Vintanke	<u>ო</u> . hereby	withdra	aw/resign as a	
<u>Co-Ou</u>	Print Title)					
resignation in wri	ting.	_	e limited liab	ility co	mpany has been no	tified of my
Sauanneach	101	e Lulen				
Signature of Dis	sociating M	ember or Resig	ning Manage	r		26
Filing Case	ድንፍ ሰስ /፣	Paguirad)				2023 AUG
Filing Fee:	\$25.00 (F	ccquircu;				<u> </u>

Certified Copy:

\$30.00 (Optional)