121000 194005

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAI	L
(Duringer Entity Name)	
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(Document Number)	
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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Mr. Bod Mign. Rental (Name of Limited Liability Co	ompany)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to	:
Stephen Frerreio, Esq. (Contact Person)	
Guerrero Lau Group (Firm/Company)	_
240 SW 8th Are (Address)	
M: ami, [=] 333130 (City/State and Zip Code)	_
For further information concerning this matter, please call	:
Staples Guerrero at (954 (Name of Contact Person) (Area Code) 483-00/7 e & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida \$\mathbb{Z}\$\$25 Filing Fee \$\mathbb{Z}\$\$55 Filing	Department of State for: ng 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



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 cor	npany as it ap	pears on the re-	cords of the Florida Department
of State is:	Mr. Boat	Miani.	Rentals	LLC.
2. The Florida docu	iment/registration n	iumber assign	ed to this limite	d liability company is:
<u>L210001</u>	194005		<u>.</u> ·	
3. The date this me	mber/manager with	drew/resigned	f or will withdr	aw/resign is: 6-7-21
4. I. A: reac &	t Serv. Ca Came of Person Resigning	Providens 181	, hereby withdi	raw/resign as a
AMBR	(Print Title)	<u> </u>		
	pility company and		nited liability co	ompany has been notified of my
Simula of Di	ssociating Member	or Designing	Managar	
Signature of Di	ssociating Michiber	or kesigning	Manager	
Filing Fee: Certified Copy:				