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COVER LETTER

Registration Section **Division of Corporations** Ship 2 Shore Key West, 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: Ryan Stone (Contact Person) Ship 2 Shore Key West, LLC (Firm/Company) PO Box 92 (Address) Key West, FL 33041 (City/State and Zip Code) For further information concerning this matter, please call: Ryan Stone 305 780-2161 (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: 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:





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)

	limited liability company as it appears on the records of the Florida Department
of State is: Ship:	2 Shore Key West, LLC
2. The Florida doc L21000198137	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
4. I, Altah Petrov	, hereby withdraw/resign as a lame of Person Resigning)
Authorized Memb	
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
altal	L Phr.
Signature of D	issociating Member or Resigning Manager
	\$25.00 (Required) \$30.00 (Optional)
cornica copy.	