h21000210010

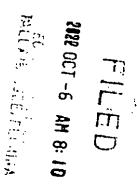
(Re	equestor's Name)			
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
	_			





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05/19/22--01008--026 **25.00



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Sulheast Barge. (Name of Limited)	Liability Company)
The enclosed member, resignation or dissociation	on and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to:
Salvatore Dibella (Contact Person)	
Southeast Barge LLC (Firm/Company)	
9340 Scenic Hahway	
Persacola, FL. 3251-1 (City/State and Zip Code)	
For further information concerning this matter,	please call:
himber ly Dibe I (a at (Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Section Secti	ne Florida Department of State for:] \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

2022 CCT-6 AH 9: 20

, COM

July 22, 2022

KIMBERLY DI BELLA 9340 SCENIC HIGHWAY PENSACOLA, FL 32514

SUBJECT: SOUTHEAST BARGE LLC

Ref. Number: L21000210010

We have received your document for SOUTHEAST BARGE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You sent the Form to resign as the The Registered Agent, however you are not listed as the Registered Agent, you are listed as a Manager. I am sending the form Dissociation or Regsignation of Member, Manager if you are wanting to be removed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist III

Letter Number: 022A00016460

D O DOM 2007 M H 1 DI 11 0001



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 li	mited liability company a	s it appears on the records of	of the Florida Department
of State is:	Hheast Barge	uc	
2. The Florida docum	oent/registration number a	assigned to this limited liabi	lity company is:
L21000210	010	·	
3. The date this mem	ber/manager withdrew/re	signed or will withdraw/resi	ign is: 9/1/2022
4. 1. hmbelly (Print Num	DAM IC. ne of Person Resigning)	, hereby withdraw/res	sign as a
Mgc. (P)	rint Title)		
of this limited liabil resignation in writi		he limited liability company	y has been notified of my
Signature of Diss	ociating Member or Resig	gning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		MR OCT-6