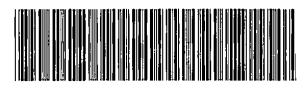
## L21000221892

(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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## **COVER LETTER**

Division of Corporations		
DESTIN MARINE MANA	GEMENT LLC	
(Nar	ne of Limited Liability Co	ompany)
The enclosed member, resignation of	r dissociation and fee	(s) are submitted for filing.
Please return all correspondence con	cerning this matter to	:
GREGORY OSWALT		
(Contact Person)		<del>,</del>
GSOCPA LLC		
(Firm/Company)		_
151 REGIONS WAY STE 3C		
(Address)		<del>_</del>
DESTIN, FL 32541		
(City/State and Zip Co	de)	_
For further information concerning the	his matter, please call	:
GREGORY OSWALT	850	654-9054 ) le & Daytime Telephone Number)
(Name of Contact Person)	(Area Cod	e & Daytime Telephone Number)
Enclosed please find a check made p	ayable to the Florida	Department of State for:
■ \$25 Filing Fee	□ \$55 Filir	ng Fee & Certified Copy
Mailing Address:		Street Address:
Registration Section Division of Corporations		Registration Section Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 81 Tallahassee, FL 32303

**TO:** Registration Section



## 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)

	e limited liability company a	is it appears on the records of	of the Florida Departme
2. The Florida doc L21000221892	ument/registration number a	assigned to this limited liabi	lity company is:
3. The date this me	ember/manager withdrew/re	signed or will withdraw/resi	ign is:
4. I, CARSON FISH	ER	hereby withdraw/res	sign as a
PARTNER	same of 1 erson Kesigning)		
	(Print Title)		
of this limited lize resignation in wa		he limited liability company	has been notified of m
Carser	Finn		202 SE D
Signature of D	issociating Member or Resig	gning Manager	N SEP
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		-2 AHIII: I