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

TO:	Regis	stration Section					
	Divis	ion of Corporations					
SUBJ	ECT:	JC Maritime Services LLC					
	-	(Name of Limited Liability Company)					
The e	nclosed	member, resignation or dis	sociatio	n and fee(s) are submitted for filing.		
Please	e return	all correspondence concern	ing this	matter to:			
John C	Colucci						
		(Contact Person)			_		
JC Ma	iritime S	ervices LLC					
	-	(Firm/Company)			_		
5414.5	SE Mitch	nell Lane					
		(Address)		-	_		
Stuart	, FL 349	97					
		(City/State and Zip Code)			_		
For fu	ırther ii	nformation concerning this n	n atter, ŗ	olease call			
John (Colucci		at	772	214-6680		
	(N	ame of Contact Person)			& Daytime Telephone Number)		
Enclo	sed ple	ase find a check made payat	le to th	e Florida I	Department of State for:		
	5 Filin				g Fee & Certified Copy		
	<u>Maili</u> r	ng Address:			Street Address:		
	Regis	stration Section			Registration Section		
		ion of Corporations			Division of Corporations		
		Box 6327			The Centre of Tallahassee		
	Talla	hassee, FL 32314			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)

	limited liability company as it apparitime Services LLC	ears on the records of the Florida Department	
2. The Florida docu	iment/registration number assigned	to this limited liability company is:	
3. The date this me	mber/manager withdrew/resigned o	or will withdraw/resign is:	
4. I, Justine Colucci (Print N Vice President	ame of Person Resigning)	, hereby withdraw/resign as a	
		ed liability company has been notified of my	
Signature of Di	ssociating Member or Resigning M	1anager 3	
	\$25.00 (Required) \$30.00 (Optional)		