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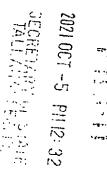
| (Requestor's Name) | | | | | | |
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| (Address) | | | | | | |
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| (City/State/Zip/Phone #) | | | | | | |
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| PICK-UP WAIT MAIL | | | | | | |
| | |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



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COVER LETTER

| TO: | _ | stration Section sion of Corporations | | | | | |
|---------|--------------------------|--|-----------------|--|--|--|--|
| SUBJ | | Seabars Adventures LLC | | | | | |
| | | (Name of Limited Liability Company) | | | | | |
| The er | nclosed | I member, resignation or dissocia | ation and fee(| s) are submitted for filing. | | | |
| Please | return | all correspondence concerning t | his matter to: | | | | |
| Gabrie | l J. Ibars | s | | | | | |
| | | (Contact Person) | | _ | | | |
| Seabars | s Adven | tures LLC | | | | | |
| | | (Firm/Company) | | _ | | | |
| 2249 S | W 21st : | ST. | | | | | |
| | | (Address) | | _ | | | |
| Miami, | , FL 331 | 45 | | | | | |
| | | (City/State and Zip Code) | | _ | | | |
| For fu | rther ir | nformation concerning this matte | r, please call: | | | | |
| Gabriel | l J. Ibars | 3 | 305 at (| 282-5145 | | | |
| | (N | ame of Contact Person) | | e & Daytime Telephone Number) | | | |
| | sed ple Filing | ase find a check made payable to g Fee | | Department of State for: g Fee & Certified Copy | | | |
| | Regis Divis P.O. I | ng Address: stration Section ion of Corporations Box 6327 hassee, FL 32314 | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | |

CR2E079 (2/14)



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 as | | s of the Florida Department |
|--|--|-----------------------------|-------------------------------------|
| 2. The Florida doc L21000337940 | ument/registration number as | ssigned to this limited lia | bility company is: |
| Jason Carver | ember/manager withdrew/res | | - |
| Manager | Same of Person Resigning) (Print Title) | | |
| of this limited lia resignation in wr | bility company and affirm the | e limited liability compa | ny has been notified of my |
| Signature of D | issociating Member or Resign | ning Manager | ZOZI OCT - SEGRETALI TALL AND |
| | \$25.00 (Required) \$30.00 (Optional) | | 5 PHI2: 3 |