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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : FORSTERBOUGHMAN
Account Number : I20140000076
Phone : (407)255-2055
Fax Number : (407)264-8295

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GATOR AIRBOAT RIDES LLC

Certificate of Status	0
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Corporate Filing Menu

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T. LEMIEUX

FEB -6 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gator Airboat Rides, LLC
(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:

Brooke Long
(Contact Person)

Gator Airboat Rides, LLC
(Firm/Company)

3702 Big Bass Road
(Address)

Kissimmee, Florida 34744
(City/State and Zip Code)

For further information concerning this matter, please call:

Brooke Long at 407 655-6157
(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:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
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)

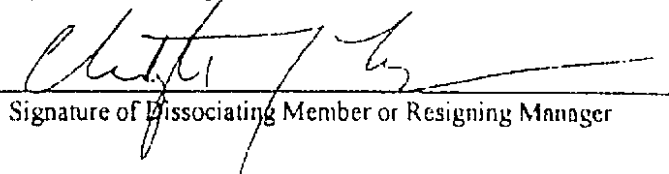
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Galor Airboat Rides

2. The Florida document/registration number assigned to this limited liability company is:
1.22000003112

3. The date this member/manager withdrew/resigned or will withdraw/resign is: August 30, 2023

4. I, Christopher J. Long, hereby withdraw/resign as a
(Print Name of Person Resigning)
Vice President, Officer, Manager, and Member
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.


Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

FILED
2024 FEB -5 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FL