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(Red	questor's Name)			
(Ádd	iress)			
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(City	/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Busiless Litaty Ivalie)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
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SFORETARY OF STATE

COVER LETTER

TO: R	egistration Section	
D	pivision of Corporations	
SUBJEC	Elite Yachting Services LLC	
		imited Liability Company)
The enclo	osed member, resignation or disso	ociation and fee(s) are submitted for filing.
Please re	turn all correspondence concernit	ng this matter to:
Kimarie S	tratos	
	(Contact Person)	
	(Firm/Company)	
1172 Sout	h Dixie Highway No 393	
	(Address)	
Coral Gab	les FL 33146	
	(City/State and Zip Code)	nate:
For furth	er information concerning this ma	atter, please call:
KIMARIE	STRATOS	305 793-2956 at ()
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed	please find a check made payable	e to the Florida Department of State for:
≡ \$25 F	iling Fee	☐ \$55 Filing Fee & Certified Copy
	ailing Address:	Street Address:
	egistration Section ivision of Corporations	Registration Section Division of Corporations
	O. Box 6327	The Centre of Tallahassee
	allahassee, FL 32314	2415 N. Monroe Street, Suite 810
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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 YACHTING SERVICES, LLC	ssigned to this limited liability company is:
L22000066550	uneno registration number as	
3. The date this me	ember/manager withdrew/res	igned or will withdraw/resign is:
4. I. KIMARIER ST	RATOS	hereby withdraw/resion as a
(Print N	lame of Person Resigning)	, hereby withdraw/resign as a
Manager		
	(Print Title)	
of this limited lia resignation in wr		e limited liability company has been notified of my
Kim	are Strut	<u>, </u>
Signature of Di	issociating Member or Resig	nling Manager
		, N
Filing Fee:	\$25.00 (Required)	023
Certified Copy:	\$30.00 (Optional)	31 CRETA 2023 JUN 2