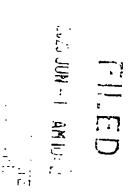
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Office Use Only



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NM

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Blue Seas Diving LLC (Name of L.)	imited Liability Co	ompany)
(Name VI I	mined Elabinity Co	inpany)
The enclosed member, resignation or disso	ociation and fee	(s) are submitted for filing.
Please return all correspondence concerning	ig this matter to	:
Thomas Mevers		<u></u>
(Contact Person)		
Blue Seas Diving LLC		
(Firm/Company)		
5008 Gulfport Blvd. S.		
(Address)		
Gulfport. FL., 33707		
(City/State and Zip Code)		_
For further information concerning this ma	atter, please call	l:
Thomas Mevers	at (⁷²⁷) 439-4393
(Name of Contact Person)		de & Daytime Telephone Number)
Enclosed please find a check made payable	e to the Florida	Department of State for:
■ \$25 Filing Fee	□ \$55 Filir	ng Fee & Certified Copy
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, 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)

. 101	44 - 15 - 1 1 1 1 11 2	'	:1 B
1. The name of the	limited liability company a	s it appears on the records of the Flo	rida Department
of State is: Blue	Seas Diving LLC		<u> </u>
2. The Florida docu	ument/registration number a	ssigned to this limited liability comp	oany is:
L23000136462		·	
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign is: 04	/01/2023
4. [, Marilyn Mevers, hereby withdraw/resign as a			
(Print N	ame of Person Resigning)		
Manager			
	(Print Title)		
of this limited lia resignation in wr		he limited liability company has been	n notified of my
of Only	Muly		
/Signature of Di	ssociating Member or Resig	gning Manager	15 1
_	\$25.00 (Required) \$30.00 (Optional)		NOT THE
		:	<u>-</u>