123000210896

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

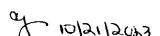
Office Use Only



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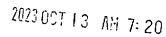
2023 OCT 13 MI 7: 20



COVER LETTER

-	ation Section n of Corporations		
SUBJECT: S	afe Harbour Consulting Service		
Jobater	(Narne of Limited Liability Company)		
The enclosed r	nember, resignation or dis	ssociation and fee(s	e) are submitted for filing.
Please return a	ll correspondence concerr	ning this matter to:	
Frederick Joyce			
	(Contact Person)		_
Safe Harbour Co	nsulting Services LLC		
	(Firm/Company)		_
133 Island Drive			
<u>.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	(Address)		_
Ocean Ridge, Fl	33435-3310		
	(City/State and Zip Code)		_
For further inf	ormation concerning this	matter, please call:	
Frederick Joyce		561 at (374-3356
(Nai	me of Contact Person)		& Daytime Telephone Number)
Enclosed pleas	se find a check made paya	ble to the Florida I	Department of State for:
■ \$25 Filing	Fee	□ \$55 Filing	g Fee & Certified Copy
	Address:		Street Address:
_	ration Section		Registration Section
Division of Corporations			Division of Corporations The Centre of Tallahassee
P.O. Box 6327 Tallahassee, FL 32314			2415 N. Monroe Street, Suite

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)

	of the limited liability company as it appears on the records of the Florida Department Safe Harbour Consulting Services LLC
2. The Florida	a document/registration number assigned to this limited liability company is:
L230002108	
3. The date th	is member/manager withdrew/resigned or will withdraw/resign is: September 15, 2023
4. I,H	aley Joyce, hereby withdraw/resign as a
(1	Print Name of Person Resigning)
Α	MBR
	(Print Title)
of this limite resignation	ed liability company and affirm the limited liability company has been notified of my in writing.
Signature	of Dissociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Cop	y: \$30.00 (Optional)