

L23000354169

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

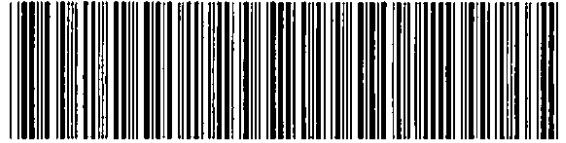
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900421875849

01/16/24--01024--020 **85.00

FILED
2024 JAN 16 PM 12:57
CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SESSA MARINE YACHTS LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L23000354169

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARCELO L PUSCAR

Name of Person

SESSA MARINE YACHTS LLC

Name of Firm/Company

19790 W DIXIE HWY STE 1002

Address

AVENTURA, FL 33180

City/State and Zip Code

marcelo.puscar@sessamarine.us

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARCELO L PUSCAR

Name of Person

at (

757

Area Code

738-2902

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

OLE SERVICES LLC

Name of Registered Agent

, hereby resigns as

Registered Agent for SESSA MARINE YACHTS LLC


Name of Limited Liability Company

L23000354159

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

FRANCISCO RUIZ

Typed or Printed Name

MANAGER MEMBER

Capacity

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

INHS17 (2/14)

FILED
2024 JAN 16 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA