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(Requestor's Name)				
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(Cit	y/State/Zip/Pflofie i	")		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Name	e)		
(,	-,		
(D0	cument Number)			
Certified Copies	_ Certificates o	of Status		
Special Instructions to	Eiling Officer	1		
Special Instructions to Filing Officer:				

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: SESSA MARINE YACHTS LLC	•	
	Limited Liability	Company)
The enclosed member, resignation or diss	ociation and fe	ee(s) are submitted for filing.,
Please return all correspondence concerni	ng this matter	to:
MARCELO L PUSCAR		
(Contact Person)		
SESSA MARINE YACHTS LLC		
(Firm/Company)		
19790 W DIXIE HWY STE 1002		
. (Address)		
AVENTURA, FL 33180		
(City/State and Zip Code)		
For further information concerning this m	atter, please ca	ill:
MARCELO L PUSCAR	757 at (738-2902
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed please find a check made payab		
■ \$25 Filing Fee	□ \$55 Fil	ling 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

CR2E079 (2/14)



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 o	f the Florida Department
of State is: SESS	A MARINE YACHTS LLC		
2. The Florida doci	ument/registration number as	signed to this limited liabil	ity company is:
L23000354159	L23000354169	·	•
3. The date this me	mber/manager withdrew/resi	igned or will withdraw/resi	gn is:
4. l, FRANCISCO RI	JIZ iame of Person Resigning)	, hereby withdraw/res	ign as a
(Print N AUTHORIZED P			
	(Print Title)		
of this limited lia resignation in wr	bility company and affirm the iting.	e limited liability company	·
	pi)X		PIL 2024 JAN 16 SECRETARY ALLAHASSE
Signature of Di	ssociating Member or Resign	ning Manager	NI6
	\$25.00 (Required) \$30.00 (Optional)		OF STA
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