L24000238648

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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COVER LETTER

TO:	Registration Sect Division of Corp					
SUBJ	5797 HIGH SEAS LLC					
		(Name of Lim	nited Liability Cor	mpany)		
The e	nclosed member, re	signation or dissoc	iation and fee(s) are submitted for filing.		
Please	e return all correspo	ondence concerning	this matter to:			
RODR	LIGO TAVARES					
	(Ce	ontact Person)		_		
5797 F	HIGH SEAS LLC					
	(Fi	rm/Company)		_		
2801 P	POINCIANA BLVD					
	(Address)		_		
KISSII	MMEE FL 34746					
	(City/S	tate and Zip Code)		_		
For fu	rther information c	oncerning this matt	er, please call:			
ISABE	EL JOSE		407 at (9227691		
	(Name of Conta	ct Person)	(Area Code	& Daytime Telephone Number)		
	sed please find a ch 5 Filing Fee	eck made payable t		Department of State for: g Fee & Certified Copy		
	5			g v ev e		
	Mailing Address: Registration Sect Division of Corpo P.O. Box 6327 Tallahassee, FL 3	orations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 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	y as it appears on the records of the Florida l	Department
of State is:	HIGH SEAS LLC		
2. The Florida doc L24000238648	ument/registration numbe	er assigned to this limited liability company	024 <u>s</u> EP 24
4. I	EL P PAUPERIO	/resigned or will withdraw/resign is:	
(Print) MEMBER	Name of Person Resigning)	ľň	2
	(Print Title)	<u> -</u> :	
of this limited lia resignation in w		n the limited liability company has been not	ified of my
ABEL		09 / 19 / 2024	
Signature of D	issociating Member or Re	esigning Manager	
-	\$25.00 (Required) \$30.00 (Optional)		