MU6000003167

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	



400156821034

DEFA CAPERT OF STATE
ON CAPORACIANTO
SHOULD SEE FLORIDA

RECEIVED

' Office Use Only

B. KOHR

JUN 1 0 2009

EXAMINER

-09 JUN -8 PM 4: 15 SCORETARY OF STATE TALLAHASSEE, FLORIDA



RECENVED

FLORIDA DEPARTMENT OF STATE
Division of Corporations Telephone

June 9, 2009

KIMBERLY MORET CSC TALLAHASSEE, FL

SUBJECT: ISLAMORADA BOAT RENTALS, LLC

Ref. Number: M06000003167



We have received your document for ISLAMORADA BOAT RENTALS, LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

Please list the address required on the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr Regulatory Specialist II

Letter Number: 609A00019291



ACCOUNT NO. : I2000000195

REFERENCE

AUTHORIZATION

ORDER DATE : June 8, 2009

ORDER TIME : 3:10 PM

ORDER NO. : 029527-030

CUSTOMER NO: 5168557

FOREIGN FILINGS

NAME: ISLAMORADA BOAT RENTALS, LLC

XXX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret - EXT# 2949

EXAMINER:

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

	(Name of limited liability company)
	(148tic or minich transity combant)
elaware	
	(Junsdiction of its organization)
thority to	d liability company is no longer transacting business in Florida and surrenders its transact business in this state.
is limite behalf a use of ac	I liability company revokes the authority of its registered agent to accept scrvice on nd appoints the Department of State as its agent for service of process based on a ion arising during the time it was authorized to transact business in Florida.
	P.O. Box 707
	(Mailing address)
	Freeport, NY 11520
	(City/State/Zip)
ne limite lange in i	I liability company agrees to notify the Department of State in the future of any s mailing address.

Filing Fee: \$25.00

Josh Goldstein

(Typed or printed name of signee)