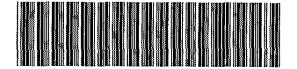
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(Re	equestor's Name)	
(Ac	idress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	<u></u>
Certified Copies	_ Certificates	of Status
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### LAZARUS CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

SELECTION OF STATE OF

Examiner's Initials

Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) - Walk in Pick up time Certified Copy Photocopy Certificate of Status Mail out Will wait **NEW FILINGS AMENDMENTS** Profit Amendment Resignation of R.A., Officer/Director Not for Profit Change of Registered Agent Limited Liability Domestication Dissolution/Withdrawal Other Merger REGISTRATION/QUALIFICATION OTHER FILINGS Annual Report Foreign Fictitious Name Limited Partnership Reinstatement Trademark Other

CR2E031(7/97)



#### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

# ANAGER OF SIDE

#### RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the	limited liability	company as it appear	s on the records of	of the Florida Department
of State is: _U	porid	MARINE	Inves	tments, LL
· /	oility company wa	as organized under th	e laws of:	
3. The Florida doc	ument/registratio	n number of this limi	ted liability comp	oany is:
4. 1, <u>DA</u> (Print N	BENTO K Name of Person Resig	) _ODN (6UZ her gning)	eby resign as a _	MGR (Print Title)
of this limited lia resignation in wr		nd affirm the limited	liability company	has been notified of my
IP	duçne			,
Signature of Res	igning Member, I	Managing Member o	Manager	
Filing Fee:	\$25.00 (Requ			
Certified Copy:	\$30.00 (Option	onai)		