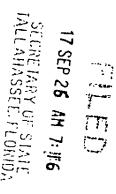
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## **COVER LETTER**

|  | ation Section<br>on of Corporations  |   |               |   |
|--|--------------------------------------|---|---------------|---|
| SUBJECT: _   | Vater Shuttle LLC                    |   |               |   |
|  | ,                                    | (Name of Limited                              | Liability Com | npany)  |
| The enclosed r                                       | nember, resignatio                   | n or dissociatio                              | n and fee(s   | ) are submitted for filing.   |
| Please return a                                      | ll correspondence                    | concerning this                               | matter to:    |   |
| William Walk   |                                      | <br>  |               | _   |
|  | (Contact Pers                        | on)   |               |   |
| Water Shuttle  | e LLC                                | i<br>   |               |   |
|  | (Firm/Compa                          | ny)   |               | -   |
| 160 Old Derb   | y Street                             |   |               |   |
|  | (Address)                            |   |               |   |
| Hingham, MA  | A 02043                              | <br>:.  |               |   |
|  | (City/State and Z                    | ip Code)                                      |               | -   |
| For further info                                     | ormation concerni                    | ng this matter, p                             | olease call:  |   |
| Bill Walker  |                                      | <u>                                      </u> | 617<br>(      | 797-1992<br>.)  |
| (Nar   | ne of Contact Perso                  | n)  | (Area Code    | & Daytime Telephone Number)   |
| Enclosed pleas  \$25 Filing F                        |                                      |   |               | epartment of State for:<br>Fee & Certified Copy   |
| Registration Se<br>Division of Co<br>Clifton Buildin | orporations<br>ng<br>e Center Circle | <br>  |               | MAILING ADDRESS:<br>Registration Section<br>Division of Corporations<br>P.O. Box 6327<br>Tallahassee, Florida 32314 |

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 of State is: | limited liability company as             | s it appears on the records o  | of the Florida Department      |
|---------------------------------|--|--------------------------------|--------------------------------|
| 2. The Florida docs             | ument/registration number as             | ssigned to this limited liabil | lity company is:               |
| 3. The date this me             | mber/manager withdrew/res                | signed or will withdraw/resi   | ign is:                        |
| 4. I, Michael McG               | Gurl  Iame of Person Resigning)          | , hereby withdraw/res          | sign as a                      |
| Manager and                     |  |                                |                                |
|                                 | (Print Title)                            |                                |                                |
| resignation in wr               |  |                                | has been related of my LAHASSI |
| Signaturé of Di                 | ssociating Member or Resig               | ning Manager                   | AH 7:<br>COF SIDE<br>E. FLOR   |
| Filing Fee:<br>Certified Copy:  | \$25.00 (Required)<br>\$30.00 (Optional) |                                | RAILE<br>ADA                   |