12/5/2016



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H160002969173)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (614)280-3338

Fax Number

: (954)208-0845

## LLC DISSOLUTION OR WITHDRAWAL SEABULK AMERICA LLC

2	DA	
ڻ ڻ	OR!	
委		
Ş	ليا -< کائن	
DEC.	AHAS	

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

DIVISION OF CORPORATIONS

O SIMMONS DEC 0 8 2016

## **COVER LETTER**

	gistration vision of C	Section Corporations		
SUBJECT:	Seabulk	America LLC		
		(Name of Por	eign Limited Liability C	company)
Dear Sir or I	Madam:			
The enclosed	d withdra	wal and fee(s) are submitted	for filing.	
Please return	ı all corre	spondence concerning this	matter to the following:	
		(Name of Person)		
Seabulk An	nerica I.L			
		(Firm/Company)		
		(Address)		
		(City/Sinte and Zip Cod	c)	
For further i	nformatio	n concerning this matter, p	lease call:	
			at (	١
	(Na	me of Person)	(Area Code &	)
Reg Div Cli 266	gistration vision of C fton Build 51 Execut	Corporations	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, Florida 32314
Enclosed is	a check i	or the following amount:		
🗅 \$25 Pilin	g Fee	S30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	<ul> <li>\$60 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> </ul>

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Seabulk America I	J.C	
	(Name of limited liability company)	
Delaware		
	(Jurisdiction of its organization)	
April 8, 2010		
	(Date registered with Florida Department of State)	
M10000001618	•.	
	(Florida Document Number)	*
This limited liab	pility company is withdrawing its certificate of authority in this state.	• •
	and the	
•••	(Signature of authorized representative)	
. <u>T</u>	isa Manckin, Vice President	
_	(Typed or printed name of signee)	

Filing Fee: \$25.00

16 DEC -5 AH 8: 20 DIVISION OF BURGON ARCHE