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DIVISION OF STATE OF

C. LEWIS

JUL 17 2014

EXAMINER

## COVER LETTER:

TO:

CR2E079 (2/14)

Registration Section

Division of Corporations Stuart Boat Works LLC **SUBJECT:** (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Anthony Taglia (Contact Person) Golan & Christie LLP (Firm/Company) 70 W Madison St, Ste 1500 (Address) Chicago, IL 60602 (City/State and Zip Code) For further information concerning this matter, please call: Anthony Taglia (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301

SECRETARY OF STATE SECRETARY OF STATE SKOTAROGRAPS OF CORDORATIONS



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## 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 1	imited liability company as it	appears on the records of the Florida Department
of State is: Stuar	1 Boat Works LLC	
2. The Florida docum M1200000241	_	gned to this limited liability company is:
3. The date this men	nber/munager withdrew/resig	ned or will withdraw/resign is: April 30, 2014
(Print No	me of Person Resigning)	, hereby withdraw/resign as a
Manager		
(4	Print Title)	
of this limited liab resignation in writ		limited liability company has been notified of my
	ssociating Member or Resign A, Resigning Manager	ng Manager
	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	