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#### **COVER LETTER**

TO:	Registration Section Division of Corporations				
SUBJ					
	(Name of	Limited Liability Com	pany)		
The e	nclosed member, resignation or dis	sociation and fee(s)	are submitted for filing.		
Please	e return all correspondence concern	ing this matter to:			
Jame	es Gregory Hitson				
	(Contact Person)	, , , , , , , , , , , , , , , , , , , ,			
Boat	Money, LLC				
	(Firm/Company)				
6026	Park Ridge Dr				
	(Address)				
Port	Orange, FL 32127				±
	(City/State and Zip Code)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		19	≾ Gr
For fi	arther information concerning this r	natter, please call:		SEP -	- RATE
Jame	es Gregory Hitson	386 at (	5667412		
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)	PH 3:	780°
	sed please find a check made payal 5 Filing Fee		epartment of State for: Fee & Certified Copy	8	SHOIL' 3.IV

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

CR2E079 (2/14)

#### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



### 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 I of State is:		it appears on the records of the Florida De	epartm	ent .
2. The Florida docu L06000101457	_	signed to this limited liability company is	:	
Benjamin Ricl	hard Ekev	gned or will withdraw/resign is: 9.6.19, hereby withdraw/resign as a	19 SEP -9	SEUNITARY INISION OF CO
·		e limited liability company has been notif	PH 3: 18 of ied of	OF STATE
Signature of Dis Filing Fee: Certified Copy:	ssociating Member or Resign \$25.00 (Required) \$30.00 (Optional)	ning Manager		