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(Requestor's Name)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
. (Address)	3
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
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(Document Number)	
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COVER LETTER

TO: Registration Section

CR2E079 (2/14)

Divis	ion of Corporations			
SUBJECT:	Islamorada Hotel Group LLC			
SOBJECT.	(Name of Limited Liability Company)			
The enclosed	l member, resignation or dissocia	ition and fee(s) are submitted for filing.	
Please return	all correspondence concerning t	his matter to:		
Courtney F	letcher			
	(Contact Person)		-	
D&D Const	ruction, LLC			
	(Firm/Company)		-	
12200 W C	olonial Drive, Suite 303			
	(Address)		-	
Winter Gard	den, FL 34787			
	(City/State and Zip Code)		-	
For further in	nformation concerning this matte	r, please call:		
Darand Wil	liams	407	353-2296	
(N	ame of Contact Person)		& Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for: \$\Bigsim \mathbb{S}25 \text{ Filing Fee} \Bigsim \mathbb{S}55 \text{ Filing Fee & Certified Copy}				
Registration Division of C Clifton Build 2661 Execut	Corporations		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)

	limited liability company as norada Hotel Group LLC	it appears on the records of the Florida Department
2. The Florida doct L1000000284	-	signed to this limited liability company is:
Dorond Willia	ame.	gned or will withdraw/resign is:
MGMR		, hereby withdraw/resign as a
	- ·	e limited liability company has been notified of my
	ssociating Member or Resign	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	