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(Requestor's Name)
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PICK-UP WAIT MAIL
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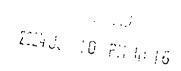
ing in generally reported in #4 per no

2021 JE 10 BE 1: 16

COVER LETTER

TO:	Regi:	stration Section			
	Divis	sion of Corporations			
SUBJ	ECT:	ISLAMORADA FUN, LLC			
		(Name of	f Limited	Liability (Company)
The er	nclosed	d member, resignation or dis	ssociatio	on and fe	e(s) are submitted for filing.
Pleaso	return	all correspondence concern	ning this	s matter t	o:
Neil B	ureli				
		(Contact Person)			
Burell	& Assoc	ciates			
		(Firm/Company)			<u> </u>
P.O. Bo	ox 9715	79			
		(Address)			
Miami,	FL 331	97-1579			
		(City/State and Zip Code)			
For fu	rther ir	nformation concerning this r	natter, j	please ca	11:
NEIL E	BURELI	_	at	305	394-2139
	(N	ame of Contact Person)		\- <u>-</u>	de & Daytime Telephone Number)
Enclos	sed ple	ase find a check made payal	ble to th	ne Florida	Department of State for:
	Filing				ing Fee & Certified Copy
	Mailie	ng Address:			Company Audidinary
		stration Section			Street Address: Registration Section
		ion of Corporations			Division of Corporations
		Box 6327			The Centre of Tallahassee
	Tallal	hassee, FL 32314			2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303





K RICHARDS

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)

	e limited liability company as it appears on the records of the Florida Department MORADA FUN, LLC
2. The Florida doc	ument/registration number assigned to this limited liability company is:
	ember/manager withdrew/resigned or will withdraw/resign is: 6/1/2024
4. I, JAMES K RICH	, hereby withdraw/resign as a warme of Person Resigning)
CEO	
 	(Print Title)
of this limited lia resignation in wi	bility company and affirm the limited liability company has been notified of my iting.
James	AMES RICHARDS RICHARDS (Jun 10, 7024 08:12 EDT)
Signature of D	issociating Member or Resigning Manager
	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)