L13000042036

(Requestor's Name)
·
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Opedial mandadona to 1 ming officer.

Office Use Only



800299035418

05/11/17--01016--004 **25.00

17 HAY 11 AH 11: 45

O SIMMONS MAY 1 2 2017

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TSLAMORADA	BOATWORKS LLC
(Name of Lin	nited Liability Company)
The enclosed member, resignation or dissoc	iation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
DEREK KODBER	6
(Contact Person)	
(Firm/Company)	
160 VALENCIA DR	IVE
(Address)	
_	
LSLAMORADA, TL 3	3036
(City/State and Zip Code)	
For further information concerning this mot	tor planta call
For further information concerning this mat	ter, prease carr.
THOMAS GONDON	at (305) 570 - 9454
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable	
\$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 32301	Tallahassee, Florida 32314

CR2E079 (2/14)



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 limited liability company as it appears on the records of the Florida Department
of State is: ISLAMORADA BOATWORKS LLC.
2. The Florida document/registration number assigned to this limited liability company is:
L13000042036
3. The date this member/manager withdrew/resigned or will withdraw/resign is: MAY 1, 2017
4. I, DEREK LOBERG, hereby withdraw/resign as a (Print Name of Person Resigning)
MGRM (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
DA Ally
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)