

#L13000116672

(Requestor's Name)

(Address)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

FEB 10 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Morada Way Clay LLC
(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:

ERICH DEKKER-HOPPEN
(Contact Person)

MORADA WAY CLAY LLC
(Firm/Company)

140 MORADA WAY
(Address)

ISLAMORADA FL 33036
(City/State and Zip Code)

For further information concerning this matter, please call:

ERICH DEKKER-HOPPEN at (305) 747-9396
(Name of Contact Person) (Area Code & Daytime Telephone Number)

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:

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

MAILING ADDRESS:

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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**RESIGNATION OR DISSOCIATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: MORADA WAY CLAY LLC

2. The Florida document/registration number of this limited liability company is:

~~FETN 46 3704499~~ LB000116672

3. The date this member withdrew or will withdraw is: 12/31/2013

4. I, Joanne Kolb, hereby resign as a member/MGRM
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Joanne E. Kolb
Signature of Resigning or Dissociating Manager, Member

1/24/14

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)