## 121 0000 11383

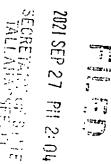
(Requestor's Name)
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## COVER LETTER

TO: Registration Section **Division of Corporations** Island Hospitality Group LLC **SUBJECT:** (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: Carli Augustine (Contact Person) Island Hospitality Group LLC (Firm/Company) 2621 SE Ocean Blvd (Address) Stuart, FL 34996 (City/State and Zip Code) For further information concerning this matter, please call: Carli Augustine (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 **Mailing Address:** Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 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)

	ld Hospitality Group LLC	is it appears on the records of the Florida Departir
2. The Florida doc 4.21000011383	cument/registration number a	assigned to this limited liability company is:
3. The date this m	ember/manager withdrew/res	signed or will withdraw/resign is: April 13, 2021
4. I. Christopher Ode		hereby withdraw/resign as a
(Print) Managing Memb	Name of Person Resigning) sei	•
		ne limited liability company has been notified of
	Action	2021 SEP 27 SECRETARY TALLAHAS
		سب بن سب
Filing Fee:	\$25.00 (Required)	