

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Business Entity Name)		
(Do	cument Number)	
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
Un	uils	





05/15/24--01002--019 **25.00



COVER LETTER

TO: Registration Section	
Division of Corporations	
FISH 41 LLC SUBJECT:	
(Name of Li	mited Liability Company)
The enclosed member, resignation or disso	ciation and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to:
Matthew Boggan	
(Contact Person)	
FISH 41 LLC	
(Firm/Company)	
4221 Tuniami Trail E.	
(Address)	
Naples, FL 34112	
(City/State and Zip Code)	
For further information concerning this ma	tter, please call:
Matthew Boggan	914 434-8124 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable	e 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
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



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)

The Florida document/registration number as	signed to this limited liability company is:
1_23000140258	024
The date this member/manager withdrew/resi	igned or will withdraw/resign is: May 1, 20学
Kevin Boggan I.	, hereby withdraw/resign as a , , ,
(Print Name of Person Resigning)	<u> </u>
MGR	32 32
(Print Title)	
of this limited liability company and affirm thesignation in writing.	ne limited liability company has been notified of m

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