

L120000129549

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

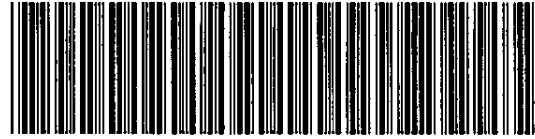
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF MISSISSIPPI
RECORDS SECTION

J. SAULSBERRY
EXAMINER

OCT 8 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Beachside Certifications, LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Sherry Blauner

(Contact Person)

Beachside Certifications

(Firm/Company)

69 Anchor Lane

(Address)

Santa Rosa Beach, FL 32459

(City/State and Zip Code)

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FILED IN THE OFFICE OF THE
CLERK OF THE CIRCUIT COURT IN
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Sherry Blauner

(Name of Contact Person)

at (850) 502-7402

(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

**RESIGNATION OF MEMBER, MANAGING MEMBER OR 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: Beachside Certifications

2. This limited liability company was organized under the laws of:
Florida

3. The Florida document/registration number of this limited liability company is:
L12000129549

4. I, Rachel Lauen, hereby resign as a 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.

Rachel Lauen

Signature of Resigning Member, Managing Member or Manager

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

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FILED
TALLAHASSEE FLORIDA
STATE