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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : HAND ARENDALL HOFFMAN, SALE LLC
Account Number : 120190000123
Phone : (850)769-3434
Fax Number : (850)769-6121

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: jcampfield@handfirm.com

LLC AMND/RESTATE/CORRECT OR M/MIG RESIGN
LASHING OUT PANAMA CITY LLC

Certificate of Status	1
Certified Copy	0
Page Count	XX 06
Estimated Charge	\$30.00

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Corporate Filing Menu

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DEPT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SEP 15 2023

SEP 18 2023

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COVER LETTER

H23000323112.3

TO: Registration Section
Division of Corporations

SUBJECT: LASHINGOUTPANAMACITYLLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.
Please return all correspondence concerning this matter to the following:

MARYFRANCES DRAGOOM ULLINS
Name of Person
LASHINGOUTPANAMACITYLLC
Firm Company
755 GRAND BLVD SUITE 105B-179
Address
MIRAMAR BEACH, FL 32550
City, State and Zip Code
jeanpfield@handfirm.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Jessica Campfield
Name of Person
850 650-0010
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing Fee
- ☒ \$30.00 Filing Fee & Certificate of Status
- ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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If amending authorized person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: H23000323112 3

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	BEACH LASHES, LLC	755 GRAND BLVD SUITE 105B-179	☒ Add
		MIRAMAR BEACH, FL 32550	☐ Remove
			☐ Change
MGR	BEACH LASHES, LLC	755 GRAND BLVD SUITE 105B-179	☒ Add
		MIRAMAR BEACH, FL 32550	☐ Remove
			☐ Change
MBR	THE LAMARY TRUST AGREEMENT	755 GRAND BLVD SUITE 105B-179	☐ Add
		MIRAMAR BEACH, FL 32550	☒ Remove
			☐ Change
MBR	MARY COLLINS	162 SOUTH BEACH DR.	☐ Add
		MARCO ISLAND, FL 34145	☒ Remove
			☐ Change
MBR	LAUREN COLLINS	317 LAMP LIGHTER DR	☐ Add
		MARCO ISLAND, FL 34145	☒ Remove
			☐ Change
MGR	THE LAMARY TRUST AGREEMENT	755 GRAND BLVD SUITE 105B-179	☐ Add
		MIRAMAR BEACH, FL 32550	☒ Remove
			☐ Change

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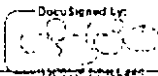
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of (b) The 90th day after the record is filed.

Dated 9/13/2023 _____



Signature of a member or authorized representative of a member

MARYFRANCESDRAGOOMULLINS

Typed or printed name of signee