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(Requestor's Name)				
(Address)				
(Address)				
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(City/State/Zip/Phone #)				
· <u> </u>				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
A. LUNT				
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COVER LETTER

Division of Corporations	
SUBJECT: 98 BEACH RENTALS LLC (Name of Limited Liability)	ity Company)
The enclosed member, managing member or manager filing.	resignation and fee(s) are submitted for
Please return all correspondence concerning this matt	er to:
Aaron Sundstrom	
(Contact Person)	
98 Beach Rentals LLC	2010 AUG 16
(Firm/Company)	And G
1940 North County Hwy 393	6 PH 3: BI
(Address)	<u> </u>
Santa Rosa Beach FL 32459	
(City/State and Zip Code)	
For further information concerning this matter, please	e call:
Carter Bearinger at (8	50 499-5132
(Name of Contact Person) (Area	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flo \$25 Filing Fee	rida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

CR2E079 (5/06)



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 lin	nited liability company as it a 8 BEACH RENTALS L	ppears on the records o	of the Florida Dep	2810
2. This limited liability	ty company was organized un	der the laws of: 	AHASSEE FLOA	AUG 16 PM 3:
3. The Florida docum	nent/registration number of thi	s limited liability comp	pany is:	ا ا
	Bearinger	, hereby resign as a Manager		
(Print Nam	ne of Person Resigning)		(Print Title)	
resignation in writing	ity company and affirm the ling.		y has been notifie	d of my
	\$25.00 (Required)			