L15000 11978

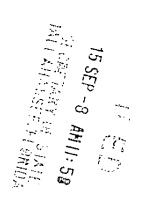
(Requestor's Na	ame)
(Address)	
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COVER LETTER

Registration Section
Division of Corporations

TO:

CR2E079 (2/14)

SUBJECT: 411 È 415 South Beach Road, LLC (Name of Limited Liability Company)
(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:
Marc Gaylord (Contact Person)
Marc R. Gaylord P. A. (Film/Company)
12000 SE Old Dixie Hwy. (Address)
Hobe Sound FL 33455 (City/State and Zip Code)
For further information concerning this matter, please call:
Marc Gaylord at (772) 545-7740 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 \text{Filing Fee} \\$55 \text{Filing Fee & Certified Copy}\$
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building Division of Corporations P.O. Box 6327 Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 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)

	limited liability company as it appears on the records of the Florida Department E 415 South Blach Road LLC
L15000	
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: $8/21/2015$
4.1, Ralph Memb	ame of Person Resigning), hereby withdraw/resign as a
	(Print Title)
of this limited lia resignation in wr	pility company and affirm the limited liability company has been notified of my ting.
Ralph F C	rocker jr
Signature of Di	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)