

(Re	equestor's Name)			
(Address)				
(Ac	ldress)			
	(0. 1. 22. 20.	10		
(Cr	ty/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
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(D)	siness Entity Nam	20)		
(30)	isiness Enuty Nan	l e)		
(Dc	ocument Number)			
(50	oument Number,			
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
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Resign				
1	Office Use Only	y		



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COVER LETTER

TO:	_	stration Section sion of Corporations			
	Divis	ion of Corporations			
SUBJECT:		SEASIDE ASSOCIATES,LLC			
		(Name of Lin	mited Liability Co	mpany)	
The enfiling.		I member, managing member o	or manager resi	gnation and fee(s) are submitted for	
Please	return	all correspondence concerning	g this matter to:	:	
SAN	1 TAL	LUTO			
		(Contact Person)		_	
SEA	SIDE	ASSOCIATES,LLC			
		(Firm/Company)			
8607	7 SE	MERRITT WAY			
		(Address)			
JUP	ITER	,FL 33458			
		(City/State and Zip Code)	Na	_	
For fu	rther in	nformation concerning this mat	tter, please call:	:	
SAM	1 TAL	LUTO	at (561	718-8303	
	(N	ame of Contact Person)	(Area Code	e & Daytime Telephone Number)	
Enclo	sed ple	ase find a check made payable \$25 Filing Fee		Department of State for: \$55 Filing Fee & Certified Copy	
		OURIER ADDRESS:		MAILING ADDRESS:	
-		Section Corporations		Registration Section Division of Corporations	
	n Build			P.O. Box 6327	
		ive Center Circle		Tallahassee, Florida 32314	
Tallah	assee,	Florida 32301		·	

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 limited liability company as it appears on the of State is: SEASIDE ASSOCIATES,LLC	records of the Florida Department
2. This limited liability company was organized under the laws o FLORIDA.	f:
3. The Florida document/registration number of this limited liabi L0400054987	lity company is:
4. I, MARK KROEGER , hereby resi	gn as a MG MEMBER
(Print Name of Person Resigning)	(Print Title)
of this limited liability company and affirm the limited liability resignation in writing.	
Signature of Resigning Member, Managing Member or Manag Filing Fee: \$25.00 (Required)	SECRETARY VISION OF C
Certified Copy: \$30.00 (Optional)	PM12: 14