105000021788

(Re	equestor's Name)	··			
(Address)					
(Ad	ldress)				
(Cit	ry/State/Zip/Phon	e #)			
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COVER LETTER

	Legistration Section Pivision of Corporations		
SUBJEC	Beach Reunion, LLC		
	(Name of Li	mited Liability Co	ompany)
The encl	osed member, resignation or disso	ciation and fee	(s) are submitted for filing.
Please re	turn all correspondence concerning	g this matter to	:
Crystal	C. Spencer		
	(Contact Person)		
Spence	r Law, PA		
	(Firm/Company)		_
316 Sou	uth Baylen Street, Suite 520		
	(Address)		
Pensac	ola, FL 32502		
	(City/State and Zip Code)		
For furth	er information concerning this mat	tter, please call	•
Crystal	C. Spencer	850 at (912-8080
	(Name of Contact Person)		le & Daytime Telephone Number)
Enclosed \$25 Fi	l please find a check made payable iling Fee		Department of State for: ag Fee & Certified Copy
	T/COURIER ADDRESS:		MAILING ADDRESS: Registration Section
Division	of Corporations		Division of Corporations
Clifton B			P.O. Box 6327
	ecutive Center Circle see, Florida 32301		Tallahassee, Florida 32314
CR2E079 (2	2/14)		



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 th Reunion LLC	it appears on the records of the Flo	orida Department
2. The Florida docu L05000021788	-	ssigned to this limited liability com	pany is:
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resign is: _	pril 27, 2018
4. I, Alexandra Cochran (Print Name of Person Resigning)		, hereby withdraw/resign as a	
Managing Me			
(Print Title)		
of this limited lial resignation in wri		e limited liability company has bee	en notified of my
<i>We</i>	Caudie Coc	Wan	18 HAY
	ssociating Member or Resig		
_	\$25.00 (Required) \$30.00 (Optional)		REFLECTIONS