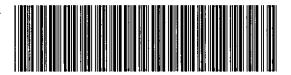
L05000091787

| (Re | questor's Name) | |
|-------------------------|-------------------|-------------|
| (Add | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



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07 NOV -6 PM 2: 3:

SECRETARY CONTRACTS
OF THE CONTRACTS

COVER LETTER

| TO: Registration Section Division of Corporations | |
|----------------------------------------------------------|------------------------------------------------------------|
| Division of Corporations | |
| SUBJECT: Beachside | imited Liability Company) |
| 771 | 10.4 |
| filing. | or manager resignation and fee(s) are submitted for |
| Please return all correspondence concernir | ng this matter to: |
| Benisa Lerin (Contact Person) | |
| (Contact Person) | |
| | |
| (Firm/Company) | |
| | |
| 1900 NW Corporate Blv | 6 Ste 400E |
| (Address) | |
| Boca Paton FL 33 (City/State and Zip Code) | 431 |
| (City/State and Zip Code) | |
| For further information concerning this ma | atter, please call: |
| Range | 501 008-1850 |
| (Name of Contact Person) | at (56) 988-6850 (Area Code & Daytime Telephone Number) |
| | |
| Enclosed please find a check made payabl \$25 Filing Fee | \$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 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

| _ | nited liability company as it QUCHSIDE 101 | • • | f the Florida Dep | artm | ent _· |
|--------------------------------|--------------------------------------------|----------------------------|-------------------|-----------|-----------|
| 2. This limited liabilit | y company was organized u | nder the laws of: | | | |
| 3. The Florida docum | ent/registration number of th | nis limited liability comp | any is: | | |
| ` | e of Person Resigning) | , hereby resign as a | (Print Title) | 1.6 | _ |
| resignation in writing | ity company and affirm the l | imited liability company | has been notified | 3 01 r | ny |
| Signature of Resign | ing Member, Managing Me | mber or Manager | · | 07 NOV -1 | SECK T |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | | -6 PM 2: | |