

06000099380

**At Your Service Tax & Accounting, Inc.**

1623 North Highland Avenue, Clearwater, FL 33755

727-443-7511

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

Belinda

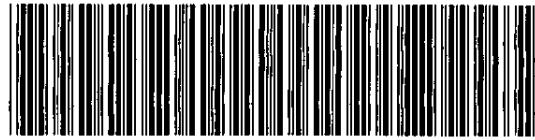
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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M. THOMAS

OCT 21 2008

EXAMINER

**AT YOUR SERVICE TAX & ACCOUNTING INC.**

1623 N. HIGHLAND AVENUE CLEARWATER, FL 33755

Phone 727-443-7511 Fax 727-446-7479

# Fax

**To:** Division of Corporations**From:** Belinda Reitmeyer

Attn: Brenda Tadlock

At Your Service Tax &amp; Accounting

**Fax:** 850-245-6030**Pages:** 3 including cover letter**Phone:****Date:** 10-21-08**Re:** Aloha on the Beach**CC:**

Resignation of a Member

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**Urgent****For Review****Please Comment****Please Reply****Please Recycle**

Dear Brenda ~

Here is the form that goes along with the \$25.00 payment, which you requested I fax over to you.

Have a great day!

Sincerely,  
Belinda Reitmeyer  
At Your Service Tax & Accounting  
727-443-7511

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 411 S. GULFVIEW BLVD., LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

BRANDIE HOTTON

(Contact Person)

AT YOUR SERVICE TAX & ACCOUNTING INC.

(Firm/Company)

1623 N. HIGHLAND AVE.

(Address)

CLEARWATER, FL 33755

(City/State and Zip Code)

For further information concerning this matter, please call:

BRANDIE HOTTON

(Name of Contact Person)

at ( 727 ) 443-7511

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &  
Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA



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 records of the Florida Department of State is: 411 S. GULFVIEW BLVD. LLC

2. This limited liability company was organized under the laws of:  
FLORIDA

3. The Florida document/registration number of this limited liability company is:  
L06000099380

4. I, ZVI GLUZBAND, hereby resign as a MGRM  
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
\_\_\_\_\_  
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

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