L07000031622

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	: #)
	—	
PICK-UP	☐ WAIT	MAIL
	isiness Entity Nan	20)
(BC	ISINESS CITILLY IVAIL	;
(De	cument Number)	· · · · · · · · · · · · · · · · · · ·
(50	oument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECHETARY OF STATE STATE OF CORPORATIONS
DIVISION OF CORPORATIONS
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CLEARWATER BEACH	
The enclosed member, managing member or mana filing.	ger resignation and fee(s) are submitted for
Please return all correspondence concerning this m	·•
David W. Griffin, Esquire (Contact Person)	DT MAY -8 PH 3: 40
David W. Griffin, P.A. (Firm/Company)	PH 3: 1
565 South Duncan Avenue	
Clearwater, FL 33756 (City/State and Zip Code)	
For further information concerning this matter, plea	ase call:
David W. Griffin, Esquire (Name of Contact Person) at (727 466-6900 rea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the F \$25 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



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 ap of State is: CLEARWATER BEACH	pears on the records of the Florida Dep	partment
2. This limited liability company was organized und STATE OF FLORIDA		OT MAY -8
3. The Florida document/registration number of this L07000031622	limited liability company is:	PH 3: 40
4. I, DAVID PALMER (Print Name of Person Resigning)	, hereby resign as a Manager/Membe	
of this limited liability company and affirm the liming resignation in writing. Signature of Resigning Member, Managing Member	ited liability company has been notifie	d of my
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)		