L01000034291

(Requestor's Name)				
(Ad	dress)			
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
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SECRETARY OF STATE OF CORPORATIONS

COVER LETTER

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SUBJECT: Seaside Partners LLC Name of Limited Liability Company				
DOCUMENT NUMBER:	IBER: <u>L07000034291</u>			
	Agent for a Limited Liability Company and fee are submitted			
Please return all correspondence concern	ing this matter to the following:			
Name of Person				
ABS				
Name of Firm/Company	,			
1897 Palm Beach Lakes	Blvd			
Address				
West Palm Beach, FL 33 City/State and Zip Code	3490			
E-mail address: (to be used for future annu-	al report notification)			
For further information concerning this r	natter, please call:			
Name of Person	at () Area Code & Daytime Telephone Number			
Enclosed is a check made payable to the liability company or \$25.00 for an admir limited liability company.	Florida Department of State for \$85.00 for an active limited nistratively dissolved, voluntarily dissolved or withdrawn			

MAILING ADDRESS:

TO: Amendment Section Division of Corporations

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED **LIABILITY COMPANY**

Pursuant to the provisions of	section 608.416(2) or 608.509	9, Florida Statutes, the undersigned,		
Bre	enna E. Flaherty	, hereby resigns as		
Name of Registered Agent				
Registered Agent for	Seasi	Seaside Partners LLC		
	Name of Limited Liability C	ompany		
L0700003	4291			
Document Number	, if known			
A copy of this resignation wa	as mailed to the above listed li	mited liability company at its last know	n address.	
The agency is terminated and	d the office discontinued on the	e 31st day after the date on which this st		
	B	Action Age Market	SECRETARY ISION OF CI	
If signing on behalf of an ent	iity:		PN 2: 57	
	Typed or Printed	Name	ATTOM	
	Capacity	· · · · · · · · · · · · · · · · · · ·	,	

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company \$ 85.00 \$ 25.00

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314