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(Rec	juestor's Name)	
(Add	lress)	
(Add	ress)	
(City.	/State/Zip/Phone	⇒#) .
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT:	Fun Coast be Name of Limite	each Biked Liability	es LLC Company		_
DOCUMENT NUMBER:		L070000			
The enclosed Resignation of F for filing.	Registered Agent for	r a Limited	l Liability C	ompany and fe	e are submitted
Please return all corresponden	ce concerning this r	natter to th	ne following	:	
Judith C. F					
Name of	Person				
Fun Coast Bea					
Name of Fire	m/Company				
1601 Brent					
Addı	ress				<u> </u>
Athens, T					0 00
City/State at	id Zip Code				5727
hiketch@he	ellsouth net		•		Mo
bjketch@be E-mail address: (to be used for	future annual report no	otification)			三三 三
For further information concer	ming this matter, plo	ease call:		: 0 3	PHIZ: 50 OF STATE OF LORIDA
Judith C. Ketcher	sid at (423) 82	29-9997	
Name of Person		Area Code	& Daytime T	Telephone Numb	oer

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

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, Florida Statu	ites, the undersigned,	
	Snell Legal		, hereby resigns as	
1	vame of Registered Agent			
Registered Agent for		Fun Coast Beach Bil	(es LLC	
	Name of Limite	d Liability Company		•
L070000	95271			
Document Num	ber, if known			
A copy of this resignation	was mailed to the abo	ve listed limited liability	company at its last known	address.
The agency is terminated:		nued on the 31st day after	the date on which this sta	tement is filed.
If signing on behalf of an	entity:			
***		Snell Legal	<u> </u>	
	Type (Vin)	cd or Printed Name	167	TO DEC 1
	FILING FI \$ 85.00 / \$ 25.00 /	<u>CES:</u> Active limited liability co Administratively dissolve withdrawn limited liabili	mpany d/ voluntarily dissolved/ ty company	T PHIZ SO

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

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