# 108000055267

(Requestor's Name)	
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SECRETARY OF STATE
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## . COVER LETTER

SUBJECT: JUST BEACH IN Name of Limited Liabil	N, LLC
	0055267
The enclosed Resignation of Registered Agent for a Limit for filing.	ed Liability Company and fee are submitted
Please return all correspondence concerning this matter to	the following:
Deborah S. Kowalsky, Esq. Name of Person	_
Name of Firm/Company	_
1930 Tyler Street Address	_
Hollywood, FL 33021 City/State and Zip Code	_
DSKLawOfc@aol.com  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call	
Deborah Kowalsky at ( 954 Name of Person Area Coo	) 922-5800 le & Daytime Telephone Number
Enclosed is a check made payable to the Florida Departme liability company or \$25.00 for an administratively dissolve limited liability company.	ent of State for \$85.00 for an active limited red, voluntarily dissolved or withdrawn

#### MAILING ADDRESS:

Amendment Section Division of Corporations

TO:

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	on 608.416(2) or 608.509, Flori	da Statutes, the undersigned,			
Deborah S. I	Kowalsky, Esq.	, hereby resigns as	=10	_	
	gistered Agent	, norday rangina as		, 60	
Registered Agent for	JUST BEAC	H INN, LLC	AHASS		T
	Name of Limited Liability Company		- <del>101</del>	32	ED.
LQ8000055267  Document Number, if known	νn	·	ORIDA	1:13	
A copy of this resignation was mail	led to the above listed limited l	iability company at its last kn	own addre	ess.	
The agency is terminated and the o	ffice discontinued on the 31st of	day after the date on which th	is stateme	nt is fi	iled.
_7	Signature of Resigning	g Agent			
If signing on behalf of an entity:					
	Typed or Printed Name				
I	Capacity				

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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