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PłCK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

G. MCLEOD

MAY 17 2011

**EXAMINER** 

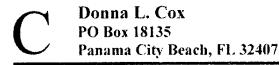


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SECREJARY OF STATE

11 MAY 16 PM 12:



Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

May 5 2011

To Florida Secretary of State,

Yoma Cex

Please be advised, that on January 15, 2011, effective January 20, 2011, I resigned as a MGRM of Beach Haven Group, LLC, principal address 8406 Panama City Beach Pkwy, Ste. N, Panama City Beach FL 32407.

Donna Cox

Phone: 850-235-9021 Cell: 678-327-1513 Fax: 850-235-9021

## **COVER LETTER**

<b>TO:</b> Registration Section Division of Corporations	
SUBJECT:	Beach Haver Croup, LLC (Name of Limited Liability Company)
The enclosed member, managing filing.	g member or manager resignation and fee(s) are submitted for
Please return all correspondence	concerning this matter to:
DOWN A (Contact Pers	con)
(Firm/Compa	ny)
PO Bo (Address)	18/35 BEACH, FL 33-417
DAWAMA OLLY (City/State and Z	BEACH, FL 33417
For further information concerni	ng this matter, please call:
(Name of Contact Perso	n) at ()
Enclosed please find a check ma \$25 Filing Fee	de payable to the Florida Department of State for:  \$55 Filing Fee &  Certified Copy
STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassea, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



## 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 Flor of State is:  BEACH HAVEN GROUP, LL	*
2. This limited liability company was organized under the laws of:  FLOR TO A	
3. The Florida document/registration number of this limited liability company is:	ate 1/20/1
4. I, Down A Cox, hereby resign as a Mon (Print Name of Person Resigning), hereby resign as a (Print Name of Person Resigning)	RM nt Title)
of this limited liability company and affirm the limited liability company has been resignation in writing.	notified of my
Donna Cas	
Signature of Resigning Member, Managing Member or Manager	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	IT MAY 16 PA

CR2E079 (5/06)