109000 64142

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





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SEURLIARY OF STATE
ALLAHASSEE FISIALE

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COVER LETTER

_	stration Section sion of Corporations				
SUBJECT:	OCEANSIDE LAND SURVE	YING, LLC			
	(Name of Limited Liability Company)				
The enclosed	d member, resignation or dissoci	ation and fee(s	s) are submitted for filing.		
Please return	all correspondence concerning	this matter to:			
JAMES PIC	CKENS				
4 , <u>-</u> .	(Contact Person)		-		
KINSEY, V	INCENT, PYLE P.L.				
	(Firm/Company)		_		
150 S. PAL	METTO AVENUE, SUITE 30	0			
	(Address)		••		
DAYTONA	BEACH, FLORIDA 32114				
· · · · · · · · · · · · · · · · · · ·	(City/State and Zip Code)		-		
For further in	nformation concerning this matte	er, please call:			
JAMES PIC	CKENS	386	252-1561		
(!V	ame of Contact Person)	(Area Code	& Daytime Telephone Number)		
Enclosed ple \$25 Filing	rase find a check made payable to g Fee		Department of State for: Fee & Certified Copy		
STREET/Co	OURIER ADDRESS:		MAILING ADDRESS:		
Division of C			Registration Section Division of Corporations		
Clifton Build	~		P.O. Box 6327		
	ive Center Circle Florida 32301		Tallahassee, Florida 32314		

CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

The name of the limited liability company as it appears on of State is: OCEANSIDE LAND SURVEYING, LLC	the records of the Florida Department
2. The Florida document/registration number assigned to this L0900064142	limited liability company is:
3. The date this member/manager withdrew/resigned or will v 4. I, (Print Name of Person Resigning) MEMBER	
(Print Title) of this limited liability company and affirm the limited liability resignation in writing.	
Mgnature of Dissociating Member or Resigning Manager	TALL TALL

\$25.00 (Required)

\$30.00 (Optional)

SECRETARY OF STATE

Filing Fee:

Certified Copy: