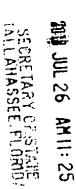
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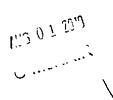
(Rec	questor's Name)	
(Add	lress)	
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(City	/State/Zip/Phone	= #)
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(Doc	cument Number)	
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Certified Copies	Certificates	s of Status
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:	Boca Beach House LLC		
	(Name of Lim	ited Liability Con	npany)
The enclosed	member, resignation or dissoci	ation and fee(s	are submitted for filing.
Please return	all correspondence concerning	this matter to:	
Thomas W.	Walters, Esq.		
	(Contact Person)		•
Thomas W.	Walters, P.A.		
	(Firm/Company)		-
499 E. Palm	netto Park Rd. Ste. 209		
	(Address)	·	•
Boca Raton	, FL		
	(City/State and Zip Code)	<u> </u>	
For further in	formation concerning this matte	er, please call:	
Thomas W.	Walters, Esq.	561 at (876-6770
(Na	ime of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed plea ■ \$25 Filing	ase find a check made payable to Fee		epartment of State for: Fee & Certified Copy

STREET/COURIER ADDRESS:

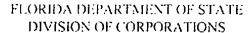
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

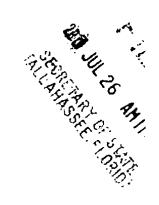
CR2E079 (2/14)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314







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

(Pursuant to 605.0216, Florida Statutes)

	ne limited liability company as it appears on the records of the Florida Department ca Beach House LLC
2. The Florida do L110000441	cument/registration number assigned to this limited liability company is:
4. I. Angela Bra	Name of Person Resigning) , hereby withdraw/resign as a
Authorized I	(Print Title)
of this limited li resignation in w	ability company and affirm the limited liability company has been notified of my riting.
	Cissociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)