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D. BRUCE SEP 2 0 2011 EXAMINER

COVER LETTER

SUBJECT: Beachside Rentals of Singer Island, LLC Name of Limited Liability Company			
Name of Limited Liability Company			
DOCUMENT NUMBER: L11000067301			
The enclosed Resignation of Registered Agent for a Limited Liability Company and for filing.	ee are si	ubmitt	ted
Please return all correspondence concerning this matter to the following:			
Stephen S. Mathison, Esq. Name of Person			
Name of Person			
Stephen S. Mathison, P.A.			
Name of Firm/Company	x≥ c/.		
5606 PGA Boulevard, Suite 211 Address	LURE TAF	1 SEP 19	Sentences Sentences Sentences
Palm Beach Gardens, FL 33418	SEE, F	P .	
City/State and Zip Code	STAI STAI	S: 1-5	Very.
steve@mathisonlaw.org	Em.	Ú,	
E-mail address: (to be used for future annual report notification)	_		
For further information concerning this matter, please call:			
Stephen S. Mathison at (561) 624-2001			
Stephen S. Mathison at (561) 624-2001 Name of Person Area Code & Daytime Telephone Num	ber		
, ,			
Enclosed is a check made payable to the Florida Department of State for \$85.00 for ar liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or limited liability company.	ı active : withdra	limite awn	d

MAILING ADDRESS:

TO: Amendment Section Division of Corporations

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 Statutes, the undersigned,			
Step	hen S. Mathison	, hereby resigns as			
Name	e of Registered Agent	, , , ,			
Registered Agent for	Beachside Renta	als of Singer Island, LLC			
	Name of Limited Liability Cor	mpany		,	
L11000067					
Document Number,	if known				
A copy of this resignation wa	s mailed to the above listed lim	rited li ability company at its last kn	iown add	ress.	
The agency is terminated and	the office discontinued on the	31st day after the date on which th	is statem	ent is f	ñled.
	Signatur of Res	signing Agent			
If signing on behalf of an enti	ity:		TALL		
	Typed or Printed Na	ame	LAHASSI	SEP 19	- 0 4194 - 0 4194
	Capacity		RY OF STATE SEE. FLORID,	9 61 2:45	

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