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To:

TO:							
	Division of Corporations						
	Fax Number		:	(850)617-6383			
From:							
	Account	Name	:	INCORP SERVICES	INC		
	Account	Number	:	120120000007			
	Phone		:	(702)866-2500			

(702) 866-2689

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Fax Number

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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: BEACH OAK TAMPA LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L12000011523

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Wendy Hefley

Name of Person

Incorp Services, Inc.

Name of Firm/Company

2360 Corporate Circle, Suite 400

Address			
Henderson, NV 89074		EB	<u> </u>
City/State and Zip Code	الیار در الیار میں اسر میں	-2	I IT
processing@incorp.com			9
E-mail address: (to be used for future annual report notification)		ي	
For further information concerning this matter, please call:	C m No	8	
Incorp Services, Inc./Wendy Hefley 702 866-2500 ext 6601			
Name of Person Area Code Davtime Telephone Nur	nber		

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

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

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Incorp Services, Inc.

, hereby resigns as

Name of Registered Agent

Registered Agent for ______ BEACH OAK TAMPA LLC

Name of Limited Liability Company

L12000011523

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

of Resigning Agent

If signing on bchalf of an entity:

Wendy Hefley for Incorp Services, Inc.

Typed or Printed Name

Authorized Representative

Capacity

FILING FEES:

\$85.00 \$25.00 Active limited liability company 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

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