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SECRETARY OF STATE
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COVER LETTER

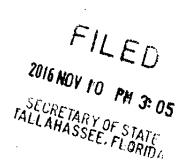
TO: Registration Section

CR2E079 (2/14)

Division of 0	Corporations		
SUBJECT: Shopp	oes at Bayside, LLC		
	(Name of Limit	ted Liability Con	npany)
The enclosed memb	er, resignation or dissocia	tion and fee(s) are submitted for filing.
Please return all cor	respondence concerning t	his matter to:	
Gail Bach			
	(Contact Person)		-
Shoppes at Baysic	de, LLC		
	(Firm/Company)		-
3249 State Road (60 E		
	(Address)		-
Lake Wales, FL 3	3898		
(City/State and Zip Code)		-
For further informat	ion concerning this matte	r, please call:	
Gail Bach		360	909-7455
(Name of (Contact Person)		& Daytime Telephone Number)
Enclosed please find □ \$25 Filing Fee	l a check made payable to		repartment of State for: Fee & Certified Copy
STREET/COURIE Registration Section			MAILING ADDRESS: Registration Section
Division of Corpora			Division of Corporations
Clifton Building	ton Cinala		P.O. Box 6327
2661 Executive Cen			Tallahassee, Florida 32314







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

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as it appears on the records of the Florida Department opes at Bayside, LLC
2. The Florida docu L1200002829	nment/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
D- 110 D-	
Managing Me	
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Davil (Barr
Signature of Di	ssociating Member or Resigning Manager
	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)