

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	1
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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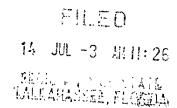
R. WHITE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Sea Glass Property Management LLC	
(Name of Limited Liability Co	mpany)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:	
Nicole Evasius	
(Contact Person)	_
(Firm/Company)	_
2655 N Ocean Drive Suite 203	
(Address)	_
Riviera Beach, FL 33404	
(City/State and Zip Code)	_
For further information concerning this matter, please call:	
Nicole Evasius 561	315-5186
· · · · · · · · · · · · · · · · · · ·	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida I □ \$25 Filing Fee ■ \$55 Filing	Department of State for: g Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	THE PARTITION OF THE PA

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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)

	e limited liability company as it appears on the records of the Florida Department Glass Property Management LLC
2. The Florida doo L1300000626	cument/registration number assigned to this limited liability company is:
4. I, Micole Evas	ember/manager withdrew/resigned or will withdraw/resign is: ius
Managing Me	
resignation in w	ability company and affirm the limited liability company has been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)