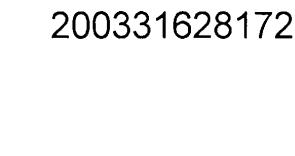
## L13000040874

(Requestor's Name)			
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## COVER LETTER

	Registration Section Division of Corporations			
SUBJECT:	ISLAND HARBOR BEACH CLUB, LLC			
COMIC	Name of Limited Liability Company			
Dear Sir c	or Madam:			
The enclo	sed Amendment or Cancellation of Statement of Authority and fee(s) are submitted for filing.			
Please ret	urn all correspondence concerning this matter to the following:			
ADAM	BECKSTEAD			
	Name of Person			
ISLANI	D HARBOR BEACH CLUB, LLC			
	Firm/Company			
7092 P	lacida Road			
	Address			
Placida	i, FL 33946			
	City/State and Zip Code			
adamb	eckstead@msn.com			
	E-mail address: (to be used for future annual report notification)			

STREET/COURIER ADDRESS:

Name of Person

For further information concerning this matter, please call:

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

Area Code

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

627-1000

Daytime Telephone Number

19 JUL -8 PH12: (

Ashley McCraney

## AMENDMENT OR CANCELLATION OF STATEMENT OF AUTHORITY

Pursuant to section 605.0302(2), Florida Statutes, this lift FIRST: The name of the limited liability company is:	nited liability company submits the following: SLAND HARBOR BEACH CLUB, LLC
SECOND: The Florida Document number of the limited	Hiability company is: L13000040874
THIRD: The street address of the limited liability comp 7092 Placida Road	pany's principal office is:
Placida, FL 33946	
The mailing address of the limited liability co 7092 Placida Road	mpany's principal office is:
Placida, FL 33946	
OURTH: The date the statement of authority became	effective is: May 24, 2016
TFTH: The statement of authority is cancelled.  OR	
The amendment to the statement of aut Not Applicable	thority is
	ADAM BECKSTEAD, as Mgr
Signature of authorized representative	Typed or printed name of signature

Filing Fee:

\$25.00

Certified Copy: \$30.00 (optional)

CR2E145 (2/14)