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J. HARRY

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: South Deach Jeefs, LLC (Name of Limited Liability Company)						
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to:						
Jared Cobinson (Contact Person)						
South Beach Jeefs (Firm/Company)						
10800 Marle Chase Dive						
Boca Raton FL 33498 (City/State and Zip Code)						
For further information concerning this matter, please call:						
Saved Robinson at (56) 289-416) (Name of Contact Person) (Area Code & Daytime Telephone Number)						
Enclosed please find a check made payable to the Florida Department of State for: \$\sum_\$ \$25 \text{ Filing Fee & Certified Copy}\$\$						
STREET/COURIER ADDRESS: MAILING ADDRESS:						

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

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

CR2E079 (2/14)



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)

1. The name of the li	mited liability company as it	appears on the records of the Flo	rida De	epartn	ient
	bouth Beach Jee				·
2. The Florida docum	nent/registration number assignment/registration	gned to this limited liability comp	pany is:		
L130000	97244				
3. The date this mem 4. I, Victori (Print Nat) Managina	nber/manager withdrew/resign A LODIN SOV) The of Person Resigning) A HOV Trint Title)	ned or will withdraw/resign is:, hereby withdraw/resign as a	,	,	7
of this limited liabi		imited liability company has been	n notifi	ed of	my
Signature of Diss	sociating Member or Resigning	ng Manager	A CAL	29 SEP 25	āuc v
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		SST TOTAL	P 25 PH 1:29	A MARINE