

**L13000147210**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

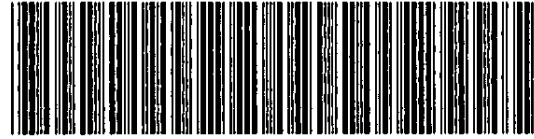
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200297132502

03/30/17--01014--011 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 30 A 10:14

FILED

**S Warren**

MAR 31 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 30A PARTNERS 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:

KAREN M HOLDER

(Contact Person)

30A PARTNERS LLC

(Firm/Company)

3092 WEST COUNTY HWY 30A

(Address)

SANTA ROSA BEACH, FL 32459

(City/State and Zip Code)

For further information concerning this matter, please call:

KAREN M HOLDER at ( 850 ) 687-1064  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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



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 limited liability company as it appears on the records of the Florida Department of State is: 30A PARTNERS LLC
2. The Florida document/registration number assigned to this limited liability company is:  
L13000147210
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01/01/2017
4. I, DAVID R HOLDER, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
OWNER/MGRM  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
1011 MAR 30 A 10:14

FILED