L13000151305

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(Address)		
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

DEC - 4 2014 T. CARTER

COVER LETTER

Division of Corporations			
SUBJECT: BEACH CUISINE, LLC			
(Name of Limited Liability Company)			
The enclosed member, resignation or dissoci	ation and fee	(s) are submitted for filing.	
Please return all correspondence concerning	this matter to	:	
MARGOT PEQUIGNOT, ESQ.			
(Contact Person)			
MARGOT PEQUIGNOT, P.A.			
(Firm/Company)		****	
P.O. BOX 2497			
(Address)			
LARGO, FL 33779-2497			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
MARGOT PEQUIGNOT	727	518-7330	
(Name of Contact Person)	\	le & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for: \$\Bigs \text{\$\text{\$\text{25}} \text{ Filing Fee} & Certified Copy}}\$			
STREET/COURIER ADDRESS: Registration Section Division of Corporations		MAILING ADDRESS: Registration Section Division of Corporations	
Clifton Building		P.O. Box 6327	
2661 Executive Center Circle		Tallahassee, Florida 32314	

CR2E079 (2/14)



FILED SECRETARY OF STATE TALLAHASSEE. FLORIDA

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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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: BEACH CUISINE LLC.
The Florida document/registration number assigned to this limited liability company is: L13000151305
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/15/14 4. I, LYNNE D. CASEY, hereby withdraw/resign as a
Manager (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)