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COVER LETTER

TO: Registration Section Division of Corporations

BEACHSIDE VACATION RENTALS, 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:

ROBIN SWAN			
(Contact Person)			
MGR			
(Firm Company)			

14207 GULF BLVD (Address)

MADEIRA BEACH FL 33708

(City/State and Zip Code)

For further information concerning this matter, please call:

ROBIN SWAN	_{at (} 727	330-3308
(Name of Contact Person)	(Area Code a	& Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee □ \$55 Filing Fee & Centified 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

CR2E079 (12/13)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OR DISSOCIATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

The name of the limited liability company as it appears on the records of the Florida Department of State is: BEACHSIDE VACATION RENTALS, LLC				
2. The Florida docu L1300016444	-	f this limited liability company is:		
3. The date this me	mber withdrew or will with	fraw is: 12/1/2013		
4, I, LISA WARNI	ER	. hereby resign as a MGR		
(Print Name of Person Resigning)		(Print Title)		
resignation in wr		e limited liability company has been notified of my		
-	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			

2014 JAN 15 PM 12: 57

CR2E079 (12:13)