

| (Re | equestor's Name) | |
|---|--------------------|-------------|
| /Δ/ | ddress) | |
| (^(| auress) | |
| (Ac | ddress) | |
| (Ci | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bi | usiness Entity Nai | me) |
| | noumant Alumbar | |
| (LX | ocument Number) |) |
| Certified Copies | Certificate | s of Status |
| Special Instructions to Filing Officer: | | |
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Office Use Only

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COVER LETTER

| TO: | _ | stration Section | · | | | |
|--------------|-------------------|-------------------------------------|----------------------|---|--|--|
| | Divis | sion of Corporations | ı | | | |
| CHD I | ECT: | Golden Beach 6 LLC | 1 | | | |
| 30199 | ise i . | (Name of Limited Liability Company) | | | | |
| The ci | nclosed | I member, resignation or dis | sociation and fee(s | s) are submitted for filing. | | |
| Please | e return | all correspondence concern | ing this matter to: | | | |
| Gusta | avo Bo | ogomolni | | | | |
| ··- <u>-</u> | | (Contact Person) | | _ | | |
| | | | | | | |
| | | (Firm/Company) | | _ | | |
| 427 (| Golder | Beach Drive | | | | |
| | • | (Address) | | _ | | |
| Golde | en Bea | ach, FL 33160 | | | | |
| | | (City/State and Zip Code) | | _ | | |
| For fu | irther ii | nformation concerning this n | natter, please call: | | | |
| Gusta | avo Bo | ogomolni | 954 at (| 929-5229 | | |
| · | (N | ame of Contact Person) | | & Daytime Telephone Number) | | |
| Enclo | sed ple | ase find a check made payab | ole to the Florida [| Department of State for: | | |
| | 5 Filing | | | g Fee & Certified Copy | | |
| STRE | EET/C | OURIER ADDRESS: | | MAILING ADDRESS: | | |
| _ | | Section | | Registration Section | | |
| | | Corporations | | Division of Corporations P.O. Box 6327 | | |
| | n Build Execut | ing ive Center Circle | | Tallahassee, Florida 32314 | | |

CR2E079 (2/14)

Tallahassee, Florida 32301





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)

| | mited liability company as it appears on the records of the Florida Department EN BEACH 6 LLC |
|---|---|
| 2. The Florida docun L14000004780 | nent/registration number assigned to this limited liability company is: |
| 3. The date this mem | ber/manager withdrew/resigned or will withdraw/resign is: |
| 4. I, Golden Beach | Management LLC, hereby withdraw/resign as a |
| Manager | |
| of this limited liabi resignation in writi | lity company and affirm the limited liability company has been notified of my ng. ociating Member or Resigning Manager |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) |