L14000 121 874

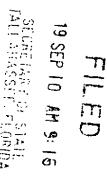
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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SEP 1 ' X''

COVER LETTER

TO:	_	tration Section ion of Corporations			
SUBJ	30 CINNAMON BEACH WAY, LLC				
		(Name of Limited Liability Company)			
The e	nclosed	member, resignation or disso	ciation and fee(s	e) are submitted for filing.	
Please	e return	all correspondence concernin	g this matter to:		
KATE	E MES	IC		_	
		(Contact Person)		_	
		(Firm/Company)	· · · · · · · · · · · · · · · · · · ·	_	
6550	ST AL	JGUSTINE RD #305			
		(Address)		wet.	
JAC	KSON\	/ILLE, FL 32217			
		(City/State and Zip Code)		_	
For fu	irther in	nformation concerning this ma	itter, please call:		
KATI	E MES	IC	904 at (619-2510	
	(N	ame of Contact Person)		& Daytime Telephone Number)	
	sed ple 5 Filing	ase find a check made payable Fee		Department of State for: g Fee & Certified Copy	
Regis Divis Clifto 2661	stration ion of C on Build Execut	OURIER ADDRESS: Section Corporations Jing ive Center Circle Florida 32301		MAILING ADDRESS: 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)

	imited liability company as NNAMON BEACH WAY.	it appears on the records of the Florida Department
2. The Florida docu	ment/registration number as:	signed to this limited liability company is:
L14000121874	•	
3. The date this men	mber/manager withdrew/resi	gned or will withdraw/resign is:
(Prim No	me of Person Resigning)	hereby withdraw/resign as a
MEMBER		
-	Print Title)	
of this limited lial resignation in wri		e limited liability company has been notified of my
Spaning Time	Secretary forms of the second	FIL 19 SEP 10 SLCREJAN FALLARIASSE
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	Topic State