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(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·		
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SECRETARY OF STATE

AUG 2 0 2015 T. HAMPTON COVER LETTER

_	istration Section sion of Corporations		
SUBJECT:	Seagrove Beach Art Collecti		LC
	(Name of Lim	nited Liability Cor	mpany)
The enclose	d member, resignation or dissoci	ation and fee(s) are submitted for filing.
Please return	n all correspondence concerning	this matter to:	
Cheryl Tine	dell		
	(Contact Person)		-
SoWal Bea	ach Art Collective	- (_
	(Firm/Company)		
23 Laurel (Dak Lane		
	(Address)		_
Santa Ros	a Beach, Florida 32459		
	(City/State and Zip Code)		_
For further i	information concerning this matte	er, please call:	
Cheryl Tine	dell	850	3963688
(1)	Name of Contact Person)		e & Daytime Telephone Number)
Enclosed pleased \$25 Filing	ease find a check made payable t g Fee		Department of State for: g Fee & Certified Copy
	COURIER ADDRESS:		MAILING ADDRESS:
Registration	Section		Registration Section

CR2E079 (2/14)

Clifton Building

Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301



P.O. Box 6327

Division of Corporations

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 D of State is: Seagrove Beach Art Collective	epartment
2. The Florida document/registration number assigned to this limited liability company is L 5000722. 3. The date this member/manager withdrew/resigned or will withdraw/resign is: Aug 12	
4. I, Joan Yerby (Print Name of Person Resigning) Member Manage (Print Title) of this limited liability company and affirm the limited liability company has been notified.	
resignation in writing. Signature of Dissociating Member or Resigning Manager Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	15 AUG 19 AH 11: 0?