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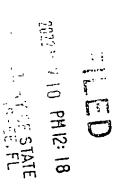
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COVER LETTER

BLUE BEACH CLUB LLC.		
SURIFCT	e of Limited Liabilit	v Company
		у Сопрану
DOCUMENT NUMBER: L1500010751-	-	
The enclosed Resignation of Registered for filing.	Agent for a Limite	d Liability Company and fee are submitted
Please return all correspondence concern	ning this matter to	the following:
Chelsea Chapman		
Name of Person		=
Legaline Corporate Services, INC.		
Name of Firm/Compan	y	-
10601 Clarence Dr Ste 250		
Address		-
Frisco, TX 75033-3867		
City/State and Zip Code	e	_
ra@legalinc.com		
E-mail address: (to be used for future annu	al report notification)	-
For further information concerning this	matter, please call:	
Chelsea Chapman	844 at (386-0178
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:

TO: Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 60:	5.0115, Florida Statutes, the un	dersigned,	
Legaline Corporate Services, INC.		, hereby resigns as	
Name of Registers	ed Agent		
Registered Agent for BLUE BEACH CL	UB LLC.		
Name	of Limited Liability Company	.	
L15000107514			
Document Number, if known			
A copy of this resignation was mailed to	the above listed limited liabili	ty company at its last known address.	
	Signature of Resigning Agen	fter the date on which this statement is file	,
If signing on behalf of an entity:			
Chelsea Chapm	an	2022	
On Behalf of L	Typed or Printed Name egaline Corporate Services, INC.		t d
On Behalf of Ed	Capacity Capacity		
FIL O \$ 85 O \$ 25	ING FEES: 5.00 Active limited liability 5.00 Administratively dissolution withdrawn limited liab	company lved/ voluntarily dissolved/ solity company	O

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314