(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:
Special Instructions to Filing Officer:

Office Use Only



300311092233

03/30/18--01006/-004 **25.00

<u>ಹ</u>

AM 10: 06

O SIMMONS APR 0 2 2018



Barbora Jilkova's Signing Session
Print this Document Resignation Letter (f... (/signingsessions/4bad9458-b7fa-444d-97f7-ddda1401b73e/4dacc246-b571-4fed-af2d-b217bf8275d4/004a1204-7d14-409c-abis-510005079
In State by Mi

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: BEACH TENNIS PALM BE	EACH LLC.	
(Name of L	imited Liability Co	Ompany')
The enclosed member, resignation or disse	ciation and feet	(s) are submitted for filing.
Please return all correspondence concerning	g this matter to	:
MARIUS COPOS		
(Contact Person)	·	
BEACH TENNIS PALM BEACH LLC.		
(Firm Company)		_
2435 ZEDER AVE		
(Address)	·-	_
DELRAY BEACH , FL 33444		
(City/State and Zip Code)		_
For further information concerning this ma	tter, please call:	:
MARIUS COPOS	561	703-5548
(Name of Contact Person)		e & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy		
STREET/COURIER ADDRESS: Registration Section		MAILING ADDRESS: Registration Section
Division of Corporations		Division of Corporations
Clifton Building 2661 Executive Center Circle		P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301

Done

pages



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 it appears on the records of the Florida Department CH TENNIS PALM BEACH
2. The Florida docu L15000177521	ment/registration number assigned to this limited liability company is:
4. I. BARBORA JI (Print No. Authorized Me of this limited liab resignation in write	me of Person Resigning) mbor Print Title) ility company and affirm the limited liability company has been notified of my:
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)
(*9.25079 (3/14)	