116000067455

(F	lequestor's Name)			
(A	ddress)			
(A	ddress)			
(C	City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
<u> </u>	Ocument Number)			
,-	,			
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				
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Office Use Only



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COVER LETTER

TO:	Registration Section	tı	
	Division of Corporations		
	•		
SUBJ	JECT: Medeira Beach United		
	(Name of L	imited Liability Co	empany)
The e	nclosed member, resignation or disso	ociation and fee(s) are submitted for filing.
Please	e return all correspondence concernir	ng this matter to	:
Jame	es W. Moore (Registered Agent)		
	(Contact Person)		_
Made	eira Beach United, LLC		
	(Firm/Company)	<u></u>	_
1270	08 Salem Street		
1370	o Salem Street		_
	(Address)		
Mede	eira Beach, Florida 33708		
	(City/State and Zip Code)		
For fu	urther information concerning this ma	atter, please call	:
Jame	es W. Moore	352 at (284-1066
,	(Name of Contact Person)	(Area Cod	e & Daytime Telephone Number)
	sed please find a check made payable 5 Filing Fee		Department of State for: g Fee & Certified Copy
STRE	EET/COURIER ADDRESS:		MAILING ADDRESS:
_	tration Section		Registration Section
	ion of Corporations		Division of Corporations
	n Building		P.O. Box 6327
	Executive Center Circle		Tallahassee, Florida 32314
Tallah	nassee, Florida 32301	٠,٠٠٠	

CR2E079 (2/14) $= e^{-\frac{1}{2}(1+\epsilon)} e^{-\frac{1}{2}$

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16 AUG 29 AM II: 02



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)

The name of the	limited liability company as	it appears on the records of the Flo	rida Department		
of State is: Mac	leira Beach United	····	•		
2. The Florida doc: L1600006741	•	signed to this limited liability comp	oany is:		
3. The date this me	ember/manager withdrew/resi	gned or will withdraw/resign is:	ugust24,2016		
4. I, James W. Moore (Print Name of Person Resigning)		, hereby withdraw/resign as a	_, hereby withdraw/resign as a		
	lame of Person Resigning)				
Manager					
	(Print Title)				
of this limited lia resignation in wr		e limited liability company has been	n notified of my.		
-au			9 5		
Signature of Di	ssociating Member or Resign	ing Manager	AMIL: 02		
Filing Fee:	\$25.00 (Required)		92		
Certified Copy:	\$30.00 (Optional)		•		