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COVER LETTER

TO: Registration Section Division of Corporations

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SUBJECT: South Beach Vacation Ren	tals LLC							
(Name of Limited Liability Company)								
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.								
Please return all correspondence concerning	this matter to:							
Paul Okomo								
(Contact Person)								
(Firm/Company)								
PO Box 370595								
(Address)								
Miami FL 33137								
(City/State and Zip Code)								
For further information concerning this mat	ter, please call:							
Paul Okomo	305	519-6546						
(Name of Contact Person)	(Area Code d	& Daytime Telephone Number)						
Enclosed please find a check made payable \$25 Filing Fee		epartment of State for: Fee & Certified Copy						

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, 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)

	limited liability	• •	appears on the rec	ords of the Florida	a Department
2. The Florida doc L1600007190	•	on number assi	gned to this limited	d liability compan	y is:
3. The date this med 4. I, Yarden Bayl (Print No. 1) Manager			ned or will withdra		1/16
resignation in wi	iting. Bayles	dottoop verified 04/15/16 5:24PM ED ZXSA-WYBY-UQRQ-G			otif ied of my
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