L16 0000 81462

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

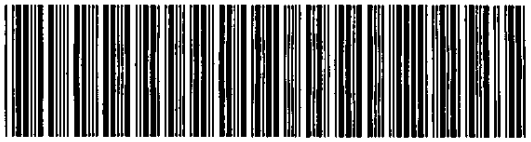
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/20/16--01030--025 **25.00

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2016 JUN 20 A 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 21 2016
J. BRUCE

# COVER LETTER

**TO:** Registration Section
Division of Corporations

**SUBJECT:** 30A Lifestyle Productions, 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:

Hannah Woleslagle
(Contact Person)

30A Lifestyle Productions, LLC
(Firm/Company)

319 Cain St
(Address)

Panama City Beach, FL 32413
(City/State and Zip Code)

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2016 JUN 20 A 11: 29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Hannah Woleslagle at (850) 896-7977
(Name of Contact Person) (Area Code & 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
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)

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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 Department of State is: 30A Lifestyle Productions, LLC.

2. The Florida document/registration number assigned to this limited liability company is: L16000081462.

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 5/23/2016

4. I, KATHERINE L. PINSON, hereby withdraw/resign as a
*(Print Name of Person Resigning)*

AMBR.
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

FILED
2016 JUN 20 A 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: $25.00 (Required)
Certified Copy: $30.00 (Optional)

CR2E079 (2/14)