## 116000082506

(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:





100293672721

01/05/17--01015--002 \*\*25.00

2017 JAN -5 PM to 14
SECRETARY OF STATE
OF STATE
OF STATE
SECRETARY OF STATE
OF STAT

K. SALY JAN ~ 6 2017

## **COVER LETTER**

Division of Corporations
SUBJECT: Beach Boat 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:
Jose Hernan Macie L (Contact Person)
Beach Boat LLC (Pirm/Company)
112 NW 2nd AVE, APT A
Halland We BCH FL 33009 (City/State and Zip Colle)
For further information concerning this matter, please call:
OSE Her non Maciel at (496) 404-1359  (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 & Certified Copy
STREET/COURIER ADDRESS: Registration Section  MAILING ADDRESS: Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building

Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301

TO: Registration Section





## 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 company as it appears on the records of the Florida Department
of State is: Be	each Boat LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
EIN SI	-1519400 L16000082506
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: $\frac{12/15/2016}{2016}$
4.1. Hlecin	childs . hereby withdraw/resign as a ame of Person Resigning)
	Prezident.
	bility company and affirm the limited liability company has been notified of my
Mea	Alexia Milds
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)
Certified Copy:	\$30.00 (Optional)