## L16000082506

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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## COVER LETTER | | | | |

-	stration Section sion of Corporations		·	
SUBJECT:	BEACH BOAT			
301701.	(Name of Limited Liability Company)			
The enclose	d member, resignation or dissocia	ition and fee(s	s) are submitted for filing.	
Please return all correspondence concerning this matter to:				
JOSE HERNAN MACIEL				
	(Contact Person)	-		
BEACH BOAT LLC				
-	(Firm/Company)		_	
112 NW 2ND AVE, APT A				
	(Address)		-	
HALLAND	ALE BEACH, FL 33009			
	(City/State and Zip Code)		-	
For further information concerning this matter, please call:				
JOSE HEF	RNAN MACIEL	786	704-1358	
(1)	lame of Contact Person)		& Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for:  \$\Bigsir \\$25 \text{ Filing Fee} \Bigsir \\$55 \text{ Filing Fee & Certified Copy}				
	OURIER ADDRESS:		MAILING ADDRESS:	
Registration Division of (	Section Corporations		Registration Section Division of Corporations	
Clifton Build	•		P.O. Box 6327	
	tive Center Circle Florida 32301		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)

1. The name of the of State is:	, , ,	appears on the records of the Florida Department
2. The Florida docu L1600008250		ned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigne	ed or will withdraw/resign is: 11/24/2017
4. I, IGOR MOSO	RETI	hereby withdraw/resign as a
VICE-PRESIE	DENT (VP)	
	Print Title)	
resignation in wri	ting.	mited liability company has been notified of my  Typy MOSO VEFT  g Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	