

L16000 0888 535

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

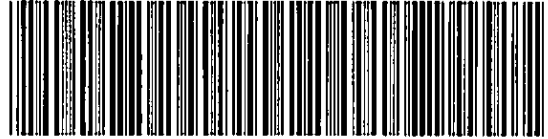
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600335850396

10/24/19--01013--015 **25.00

10/24/19 10:00 AM

Disc of member

NOV 20 2019

RECEIVED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Escape To Sunset Beach, 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:

Michael Brave

(Contact Person)

Escape To Sunset Beach, LLC

(Firm/Company)

1517 Gray St S

(Address)

Gulfport, FL 33707

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Brave

(Name of Contact Person)

at (727) 674-3008

(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



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: Escape To Sunset Beach, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L16000088535

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10-19-2019

4. I, Michele Brave, hereby withdraw/resign as a
(Print Name of Person Resigning)

MGR & Authorized Representative
(Print Title)

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

Michele Brave

Signature of Dissociating Member or Resigning Manager

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

*This document was acknowledged
before me this 19th day of Oct 2019
by Michele Brave whom provided
FDL as ID.*

CR2E079 (2/14)

Cheutaun Turner



CHEUTAUN TURNER
NOTARY PUBLIC
STATE OF FLORIDA
Comm# GG324009
Expires 1/30/2022