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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Blarney Beach Castle, 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:	
Winified S. Fowler (Contact Person)	
Blarney Beach Castle, LLC. (Firm/Company)	
829 E. 24th Ave 35 3	
New Smyrna Beach, Fl 32169 (dity/State and Zip Code) For further information concerning this matter, please call:	
For further information concerning this matter, please call:	
Wendy Fowler at (386) 675-5338 (Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for: \$\overline{\sqrt{25}}\$ Filing Fee & Certified Copy	
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 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)

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	limited liability company as it appears on the records of the Florida Department
of State is: B	ARNey Beach Castle, LLC.
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L1600	0165934
3. The date this mer	mber/manager withdrew/resigned or will withdraw/resign is: 3-25-21
4. I, Kenne (Print No	ame of Person Resigning) Mak (Print Tute)
	65
of this limited liab resignation in wri	pility company and affirm the limited liability company has been notified of my iting.
	the Tondan
Signature of Dis	ssociating Member or Resigning Manager
-	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)