

217000043701

(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



000314200110

06/11/18--01013--013 \*\*25.00

2018 JUN 11 AM 8:01  
FILED  
U.S. DEPT. OF JUSTICE  
FBI - NEW YORK

JUN 13 2018  
J. HARRIS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sun Kissed Beach Rentals, 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:

Chase Steele

(Contact Person)

Sun Kissed Beach Rentals LLC

(Firm/Company)

125 Bonita Circle

(Address)

Panama City Beach, FL 32408

(City/State and Zip Code)

For further information concerning this matter, please call:

Chase Steele

(Name of Contact Person)

at (727) 431-2872

(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: Sun Kissed Beach Rentals, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L17000043701

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 04/01/2018

4. I, Dave Green, 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.

Dave Green

Signature of Dissociating Member or Resigning Manager

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

FILED  
2018 JUN 11 AM 8:01  
TALLAHASSEE FLORIDA