L17000165841

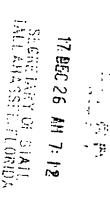
(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Mad Beach Rent-N-Ride, 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:
Ronika Carter
(Contact Person)
Watson LLP
(Firm/Company)
189 S. Orange Ave. Suite 810
(Address)
Orlando, FL 32801
(City/State and Zip Code)
For further information concerning this matter, please call:
Ronika Carter at (407) 377-6634
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\Pi\$ \$25 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

CR2E079 (2/14)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 INE S.

cob

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 Fl	orida D)epart:	ment
of	State is: Mad Beach Rent-N-Ride, LLC .			
2.	The Florida document/registration number assigned to this limited liability co L17000165841	mpany	is:	
3.	The date this member/manager withdrew/resigned or will withdraw/resign is: December 1, 2017	FALL AHASS	17 BUSC 26	
4.	IColeman Watson, on behalf of Alexander Hero, Inc., hereby (Print Name of Person Resigning)	Y 43 31	AH 7:	。 1万 14
	withdraw/resign as a	XII A		••
	Manager and Member			
	(Print Title)			
	of this limited liability company and affirm the limited liability company has be resignation in writing. Signature of Dissociating Member or Resigning Manager	een not	ified o	of my

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