

217000165841

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

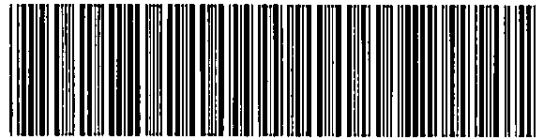
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500306981665

12/27/17--01006--006 **55.00

17 DEC 26 AM 7:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

(Name of Contact Person)

at (407) 377-6634

(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

