

L18000060700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

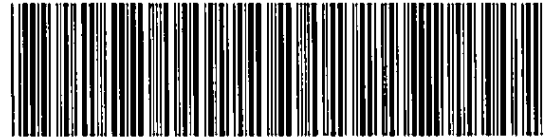
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/29/19--01017--011 **25.00

RECEIVED

MAY 28 2019

*Morgan
Resign/
Dissolution*

08/22/19

DC

19 AUG 20 PM 12:40
RECEIVED
OFFICE OF THE
CLERK OF THE
SUPERIOR COURT
OF THE DISTRICT OF COLUMBIA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 13, 2019

HERMAN TREY EUBANKS
1199 WINDING MEADOWS
ROCKLEDGE, FL 32995

SUBJECT: FLORIDA BEACHSIDE WEDDINGS LLC
Ref. Number: L18000060700

We have received your document for FLORIDA BEACHSIDE WEDDINGS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You can not resign as manager/member and registered agent on the same form. Please see the enclosed forms and fees to file the correct forms.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 319A00011894

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida Beachside Weddings, 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:

Herman Trey Eubanks
(Contact Person)

Florida Beachside Weddings, LLC
(Firm/Company)

1199 Winding Meadows
(Address)

Rockledge, FL 32995
(City/State and Zip Code)

For further information concerning this matter, please call:

Herman Trey Eubanks at (321) 610-1800
(Name of Contact Person) (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

19 AUG 20 PM 12:40
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: Florida Beachside Weddings, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L18000060700

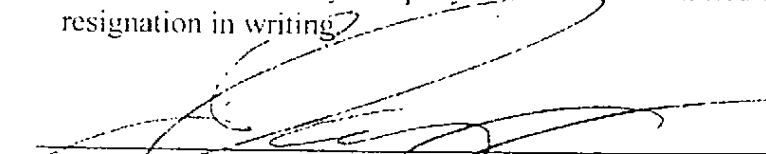
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11/08/18

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

MANAGER

(Print Title)

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



Signature of Dissociating Member or Resigning Manager

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