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COVER LETTER

Division of Corporations
SUBJECT: Florida Beach Side Wedding UC Name of Limited Liability Company DOCUMENT NUMBER: 418000060700
DOCUMENT NUMBER: C18000000 + 00
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Shannon Perez Name of Person
Name of Firm/Company
PO BOX 372298
Satellite Beach FC 37937 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Shunnon Wezat (321) 536-3972 Name of Person Area Code Daytime Telephone Number
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.
MAILING ADDRESS: STREET ADDRESS:
Registration Section Registration Section
Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301
INHS17(2/14) Please also change the Principal and Mailine address to 8
adavess 10 %
1199 Winding Meadows Rd.

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the	e undersigned,
Shannon Perez	, hereby resigns as
Name of Registered Agent	, , , ,
Registered Agent for #10 (ida Beachs	side Weldings LLC
Name of Limited Liability Company	•
L18000060700	
Document Number, if known	
A copy of this resignation was mailed to the above listed limited lia	bility company at its last known address.
The agency is terminated and the office discontinued on the 31st da	y after the date on which this statement is filed.
If signing on behalf of an entity:	12 12 12 12 12 12 12 12 12 12 12 12 12 1
Typed or Printed Name	OF STATE AND A STA

FILING FEES:

Capacity

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314