

L18000 075 671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

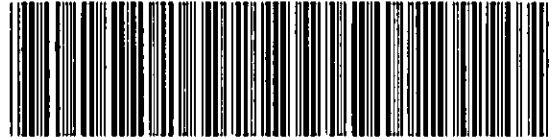
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600337771806

12/09/19--01012--005 **25.00

FILED
2019 DEC -9 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS

JAN 11 2020

TO: Registration Section
Division of Corporations

SUBJECT: Bestin Destin LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Noah Shatken
Name of Person

Bestin Destin LLC
Firm/Company

4049 Indian Trail
Address

Destin, FL 32541
City/State and Zip Code

Shatken @ charter.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Noah Shatken at (570) 357-8049
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

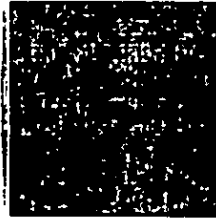
☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



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: Bestin Destin LLC

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

L18000075671

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11/30/19

4. I, Kylie Shatten, 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.

Kylie Shatten

Signature of Dissociating Member or Resigning Manager

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

FILED
2019 DEC -9 PM 12:49
SECRETARY OF STATE
TALLAHASSEE FL