## 118000157573

(Re	questor's Name)		
(Address)			
(Address)			
(Cit	y/State/Zip/Phone	#)	
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			
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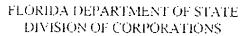
## **COVER LETTER**

TO: Registration Section Division of Corporations	:
SUBJECT: 2 nd Home Blach F. (Name of Limited	Properties LLC Liability Company)
The enclosed member, resignation or dissociation	on and fee(s) are submitted for filing.
Please return all correspondence concerning thi	s matter to:
Victoria A. Roach (Contact Person)	
(Firm/Company)	
604 Springdale Dr	
Flagler Beach Fl 32136 (City/State and Zip Code)	,
For further information concerning this matter,	pleuse call:
Victoria A Roach at (Name of Contact Person)	( <u>914</u> ) <u>329 - 0209</u> (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	ne Florida Department of State for:  ] \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations
Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303







## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the of State is: _2	limited liability company as and Home Beach	it appears on the records of the Fl Properties LLC	orida Department
2. The Florida docu	ment/registration number ass	signed to this limited liability com	ipany is:
L18000	157573		
3. The date this me	mber/manager withdrew/resig	gned or will withdraw/resign is: _	9/28/21
4.1, Harolo	1 // 2 - 1/4 -	, hereby withdraw/resign as a	
MGR	Prm Tule)		
of this limited liab resignation in wri	sility company and affirm the ting.	limited liability company has bec	m notified of my
Named R	Boffee		
Signature of Dis	sociating Member or Resign	ing Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		