

L18000175324

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

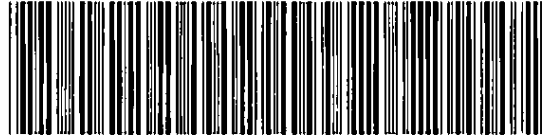
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300339286873

01/17/20--01004--007 **25.00

2020 JAN 16 PM 4:30

2020 JAN 16 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FL

FILED

O SIMMONS

JAN 17 2020

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Surfside Academy of Palm Beach Gardens LLC

Signature _____

Requested by: SETH

01/16/20

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

_____ Art of Inc. File _____
_____ LTD Partnership File _____
_____ Foreign Corp. File _____
_____ L.C. File _____
_____ Fictitious Name File _____
_____ Trade/Service Mark _____
_____ Merger File _____
_____ Art. of Amend. File _____
_____ RA Resignation _____
_____ Dissolution / Withdrawal _____
_____ Annual Report / Reinstatement _____
_____ Cert. Copy _____
_____ Photo Copy _____
_____ Certificate of Good Standing _____
_____ Certificate of Status _____
_____ Certificate of Fictitious Name _____
_____ Corp Record Search _____
_____ Officer Search _____
_____ Fictitious Search _____
_____ Fictitious Owner Search _____
_____ Vehicle Search _____
_____ Driving Record _____
_____ UCC 1 or 3 File _____
_____ UCC 11 Search _____
_____ UCC 11 Retrieval _____
_____ Courier _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Surfside Academy of Palm Beach Gardens, 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:

Scott Altschuler

(Contact Person)

(Firm/Company)

9135 Lake Worth Rd

(Address)

Lake Worth, FL 33467

(City/State and Zip Code)

For further information concerning this matter, please call:

Scott Altschuler

561

997-4011

(Name of Contact Person)

at (_____) _____

(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

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)

2020 JAN 26 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FL
ER FROM
ANY

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Surfside Academy of Palm Beach Gardens, LLC.
2. The Florida document/registration number assigned to this limited liability company is: L18000175324.
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 1/16/2020
4. I, Jeffrey Altschuler, hereby withdraw/resign as a Officer.
- (Print Name of Person Resigning)*
- (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)