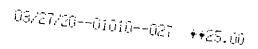
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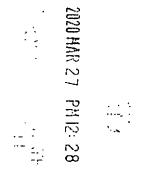
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Special Instructions to Filing Officer:		

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations			
Beach Happy Vacations LLC SUBJECT:			
(Name of Limited Liability Company)			
The enclosed member, resignation or di	ssociation and fee(s) are submitted for filing.		
Please return all correspondence concer	rning this matter to:		
Christopher Bent			
(Contact Person)			
Beach Happy Vacations			
(Firm/Company)			
349 Beacon Way			
(Address)			
Santa Rosa Beach, Florida 32459			
(City/State and Zip Code)			
For further information concerning this	matter, please call:		
Chris Bent	850 461-4928 at ()		
(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed please find a check made paya	able to the Florida Department of State for:		
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy		
Mailing Address:	Street Address:		
Registration Section	Registration Section		
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314	2415 N. Monroe Street. Suite 810		
Commission of the Commission o	Tallahassee, FL 32303		

CR2E079 (2/14)



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)

. The Florida document/registration number as L18000185594	signed to this limited liability company is:
. The date this member/manager withdrew/resi	gned or will withdraw/resign is:
Christopher J. Bent	, hereby withdraw/resign as a
(Print Name of Person Resigning) AMBR	
(Print Title)	
of this limited liability company and aftirm the resignation in writing.	e limited liability company has been notified of r
	3-21/20

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