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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 30A Real Est	tate, LLC ad Liability Company)
The enclosed member, resignation or dissociat	ion and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to:
Jo Ann Ribaudi (Contact Person)	<u> </u>
30A. Com (Firm/Company)	
Leos N. County Hwy	1395, Suite Al
Santa Rosa Beach (City/State and Zip Code)	FL 32459
For further information concerning this matter.	please call:
Jan Sirmans (Name of Contact Person)	at (850) 217-2842 (Area Code & Daytime Telephone Number)
Exclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for: □ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301



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 recor	ds of the Flo	rida Department
of State is:	30A	heal Es	tate.	LLC		<u> </u>
2. The Florida docu	ıment/registratio	on number assi	igned to t	his limited l	iability com	pany is:
L1800	019330	2	_ -			
3. The date this me	mber/manager v	withdrew/resig	ned or wi	ll withdraw/	resign is: _	9/20/18
	<i>A</i>					
A	(Print Title)					
of this limited lial resignation in wri		and affirm the	limited li	ability comp	any has bee	n notified of my
,	146					
Signature of Di	sociating Mem	ber or Resigni	ng Manag	ger		
Filing Fee:	\$25.00 (Req	uired)				
Certified Copy:	\$30.00 (Opti	ional)				