

L18000229940

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

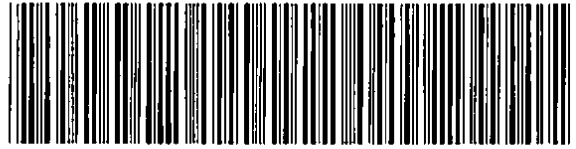
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TALLAHASSEE, FL

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ME

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 804 SHOREWINDS 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:

MOIRA FEELY-REKUS
(Contact Person)

804 SHOREWINDS DR LLC
(Firm/Company)

7437 BOB OLINK WAY
(Address)

PORT SAINT LUCIE FL 34986
(City/State and Zip Code)

For further information concerning this matter, please call:

MOIRA FEELY-REKUS at (772) 626-7812
(Name of Contact Person) (Area Code & Daytime Telephone Number)
WILLIAM WOODCOCK 772 631-1977

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

SECRETARY OF STATE
TALLAHASSEE, FL

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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: 804 SHOREWINDS DR LLC

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

L 18000229940

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11/30/2024

4. I, FLORIDA BEACH AND GOLF RETREATS, hereby withdraw/resign as a
(Print Name of Person Resigning)

MGR

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Wm C. Woodcock

Signature of Dissociating Member or Resigning Manager

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SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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