## L14 C000 14256

(Requestor's Name)
(Address)
(Address)
(Modress)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(business Entry Name)
(Document Number)
Certified Copies Certificates of Status
·
Special Instructions to Filing Officer:





700351758387

09/10/20--01006--008 \*\*25.00

2020 SEP 10 PM 2: 32

SQ 10/19/20

## **COVER LETTER**

Division of Corporations		
Beach Time Home Watch, LL SUBJECT:	С	
	of Limited Liability (	Company)
The enclosed member, resignation or d	lissociation and fe	e(s) are submitted for filing.
Please return all correspondence conce	rning this matter t	o:
Michael Strine		
(Contact Person)		<u> </u>
Beach Time Home Watch, LLC		
(Firm/Company)		<u> </u>
2592 SW 10th St		
(Address)		<del>_</del>
Boynton Beach, FL 33426		
(City/State and Zip Code	)	<del></del>
For further information concerning this	s matter, please ca	H:
Michael Strine	561 at (	523-8508
(Name of Contact Person)		ode & Daytime Telephone Number)
Enclosed please find a check made pay	able to the Florid	a Department of State for:
■ \$25 Filing Fee	□ S55 Fil	ing Fee & Certified Copy
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810
		Tallahassee, FL 32303

TO: Registration Section



## 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)

	limited liability company as	• •	of the Florida Department		
2. The Florida docu L19000014256	ument/registration number a	ssigned to this limited liabi	ility company is:		
3. The date this me	mber/manager withdrew/res	signed or will withdraw/res	ign is:		
4. 1. Catherine S Strine  (Print Name of Person Resigning)		, hereby withdraw/resign as a			
MGR					
	(Print Tide)				
of this limited lia resignation in wr	bility company and affirm thiting.	ne limited liability company	y has been notified of my		
X Chi	- 5. St.				
' Signat <del>ure</del> of Di	ssociating Member or Resig	gning Manager	2020		
	S25.00 (Required) S30.00 (Optional)		FILED 120 SEP 10 PH 2		