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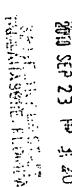
(Re	questor's Name)					
(Address)						
(Address)						
(Cit	y/State/Zip/Phone	 				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates o	of Status				
Special Instructions to Filing Officer:						





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COVER LETTER

то:		stration Section sion of Corporations				
	2	non or corporation.				
SUBJ	ECT:	REA BY THE SEA, LLC				
		(Name of Limited Liability Company)				
The en	nclosed	d member, resignation or dissoci	ation and fee(s) are submitted for filing.		
Please	e returr	all correspondence concerning	this matter to:			
JUST	TIN ZE	ilG				
		(Contact Person)		_		
ZEIG	LAW	FIRM, LLC				
		(Firm/Company)		_		
3475	SHEF	RIDAN ST., SUITE 310				
		(Address)		_		
HOLI	LYWO	OD, FL 33021				
		(City/State and Zip Code)	·	_		
For fu	irther ii	nformation concerning this matte	r, please call:			
JUST	TIN ZE	ilG	754 at (217-3084		
-	(N	lame of Contact Person)		& Daytime Telephone Number)		
	sed ple 5 Filing	ease find a check made payable to 3 Fee		Department of State for: g Fee & Certified Copy		
STDE	TET/C	OURIER ADDRESS:		MAILING ADDRESS:		
		Section		Registration Section		
_		Corporations		Division of Corporations		
	n Build	_		P.O. Box 6327		
		ive Center Circle		Tallahassee, Florida 32314		
Tallah	iassee,	Florida 32301				

CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FRON FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	limited liability company a	s it appears on the reco	ords of the Florida Departi
of State is: REA	BY THE SEA, LLC		
2. The Florida doc	ument/registration number a	assigned to this limited	liability company is:
L1900013020	0		
3. The date this me	mber/manager withdrew/res	signed or will withdray	w/resign is: 9/19/19
	NDEI		
(Print N	lame of Person Resigning)	•	
AMBR			
	(Print Title)		
of this limited lia resignation in wr	bility company and affirm thiting.	he limited liability con	npany has been notified of i
5	^_		
Signature of D	ssociating Member or Resig	gning Manager	SE SE
Filing Fee:	\$25.00 (Required)		
	\$30.00 (Optional)		23 78 33