

L19000179166

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

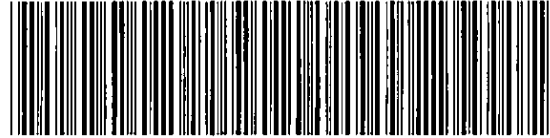
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

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2024 OCT 31 PM 5:01
Filing Office
Tulsa, Oklahoma

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Beach B.O.S.S

Name of Limited Liability Company

DOCUMENT NUMBER: L19000179166

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Chad Richardson

Name of Person

Beach B.O.S.S

Name of Firm/Company

5311 Beach Drive

Address

Panama City Beach FL 32408

City/State and Zip Code

cdconcepts14@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chad Richardson 850 2608052

Name of Person at () Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Tracie Richardson _____, hereby resigns as

Name of Registered Agent

Registered Agent for _____

Beach Boss LLC

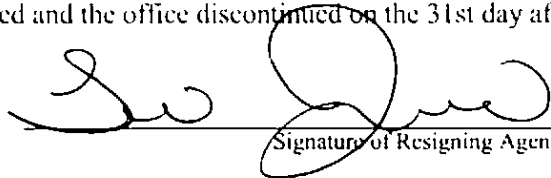
Name of Limited Liability Company

L19000179166

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILING FEES:

| | |
|----------|---|
| \$ 85.00 | Active limited liability company |
| \$ 25.00 | Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company |

Make checks payable to Florida Department of State and mail to:
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P.O. Box 6327
Tallahassee, FL 32314

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CLERK OF THE COURT

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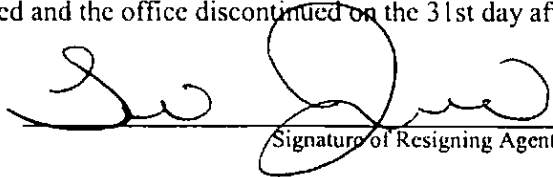
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