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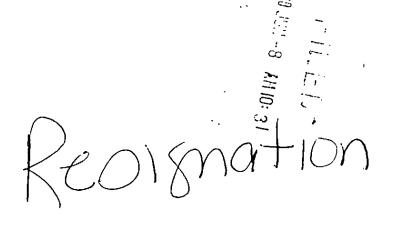
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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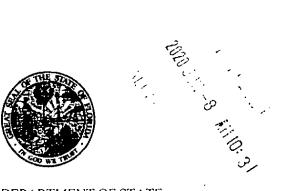
JUN 24 2020 LALBRITTON

COVER LETTER

Division of Corporations THE BEACH WEEKEND, LLC SUBJECT: (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: Sonya O'Bannon (Contact Person) NBI Properties, Inc. (Firm/Company) 154 Brooks Street SE - Suite 101 (Address) Fort Walton Beach, Florida 32548 (City/State and Zip Code) For further information concerning this matter, please call: Sonya O'Bannon (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee ☐ \$55 Filing 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)

		as it appears on the records of the Florida Department
		assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/r	resigned or will withdraw/resign is:
4. I. Charles V. Chułk, III (Print Name of Person Resigning)		, hereby withdraw/resign as a
1 A P		·
	bility company and affirm	the limited liability company has been notified of my
G		
Signature of D	issociating Member or Res	signing Manager
	\$25.00 (Required) \$30.00 (Optional)	