## 12000057158

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
, ,				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Special instructions to Filing Officer.				
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Office Use Only



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> 2021 HAR 18 PH 5: 20 SECRETARY OF STATE

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## **COVER LETTER**

Division of Corporations	
SUBJECT: Bayside Resell LC (Name of Limited Liability Company)	
The enclosed member, resignation or dissociation and fee(s) are submitted for	r filing.
Please return all correspondence concerning this matter to:	
Arry Corzine (Contact Person)	
Baysido ReSell LC (Firm/Company)	
198 Peacour Lane	
Wewahitchka FL 32465 (City/State and Zip Code)	2021 MAR 18 PH 5: SECRETARY OF STALL AHASSEE.
For further information concerning this matter, please call:	18 TANK
(Name of Contact Person) at (850) 229 86 (Area Code & Daytime Telepho	PH 5: 20
Enclosed please find a check made payable to the Florida Department of State  ☐ \$25 Filing Fee  ☐ \$55 Filing Fee & Certified C	
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

P.O. Box 6327

Tallahassee, FL 32314



March 6, 2021

AMY CORZINE BAYSIDE RESELL, LLC 198 PEACOCK LANE WEWAHITCHKA, FL 32465

SUBJECT: BAYSIDE RESELL "LLC"

Ref. Number: L20000057158

We have received your document for BAYSIDE RESELL "LLC" and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a General Partnership, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 521A00004804

2021 MAR 18 PH 5: 31



## 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 th	e records of the Florida Department
of State is:	bayside ReSel	Luc	·
2. The Florida docu	ument/registration number	r assigned to this li	mited liability company is:
LLOOC	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx		1/15/21
3. The date this me	ember/manager withdrew/	resigned or will wi	thdraw/resign is: 2120/20
4. I. William Print N	Yame of Person Resigning)	, hereby wi	thdraw/resign as a
Owne	- /inanage- (Print Title)		
of this limited lia resignation in wr	• •	n the limited liabilit	y company has been notified of my
	WH Care		
Signature of Di	issociating Member or Re	signing Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		