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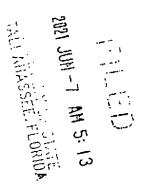
(Requestor's Name)				
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☐ PICK-UP ☐ WAIT ☐ MAIL				
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COVER LETTER

SUBJECT: Palm Beach Adventures LLC (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: Andrew B. Blasi, Esq. (Contact Person) Shapiro Blasi Wasserman & Hermann, P.A. (Firm/Company) 7777 Glades Road, Suite 400 (Address) Boca Raton, Florida 33434 (City/State and Zip Code) For further information concerning this matter, please call: Andrew B. Blasi, Esq. at (561) 477-7800 (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
Division of Corporations



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 th	e limited liability company as	it appears on the record	s of the Florida Department
of State is: Paln	n Beach Adventures, LLC		
2. The Florida doo	cument/registration number as	signed to this limited lia	ability company is:
L20000066524			
3. The date this m	ember/manager withdrew/resi	gned or will withdraw/r	esign is: <u>May 12, 2021</u>
4. I, Eddy DuPont (Print)	Name of Person Resigning)	, hereby withdraw/i	resign as a
Manager	(Print Title)		
of this limited lia resignation in w	ability company and affirm the riting.		any has been notified of my
Signature of D	issociating Member or Resign		AH III
Filing Fee:	\$25.00 (Required)		5: 13