L20 0000 68661

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(Address)						
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(City/State/Zip/Phone #)						
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COVER LETTER

Division of Corporations SUBJECT:___SANDY BEACHES ENTERPRIZES LIMITED LIABILITY COMPANY Name of Limited Liability Company DOCUMENT NUMBER: L20000068661 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: United States Corporation Agents, Inc. Name of Person LegalZoom.com, Inc. Name of Firm/Company 101 North Brand Blvd, 11th Floor Address Glendale, CA 91203 City/State and Zip Code raresignations@legalzoom.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Joyce Yi

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Name of Person

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO:

Registration Section

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provi	sions of section 605.011	5. Florida Statutes, the unde	rsigned.			
United States Co	prporation Agents, Ir	nc.	, hereby resigns as			
	Name of Registered Age	nı	. Hereby resigns as			
Registered Agent for	SANDY BEACHES	ENTERPRIZES LIMIT	ED LIABILITY C	OMPAN	Υ	
	Name of Lin	nited Liability Company			·	
L20000068661						
Document	Number, if known	 _				
A copy of this resign:	ation was mailed to the a	above listed limited liability	company at its last k	.nown addr	ess.	
The agency is terminate	ated and the office disco	ntinued on the 31st day afte	r the date on which t	his stateme	entis fi	led.
		Signature of Resigning Agent				
If signing on behalf o	f an entity:					
	Cheyenne Moseley			<u>.</u>	2020 SEP 28	
		yped or Printed Name			E E	*+ç=q
	Asst. Secretary for U	Inited States Corporation Ag	ents, Inc.	. 22	р 2	esecutur Çinazire
		Capacity		ASA YS		
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability co Administratively dissolve withdrawn limited liabili	mpany d/voluntarily dissol ty company	OF STATE SSEE, FL	AM 10: 30	S

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

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