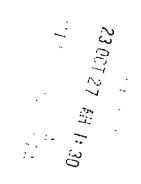
L20000141022

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(Oity/Otate/21p/1 Holle #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
-					
Special Instructions to Filing Officer: J. HORNE					
NOV - 8 2023					
110 A - A 5052					
Office Use Only					



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10/31/23--01021--018 ++25.00



COVER LETTER

TO:	_	stration Section			
	DIVIS	sion of Corporations			
SUBJ	ECT:	Beaches ISB, LLC			
		(Name of I	Limited	Liability Co	ompany)
The er	nclosec	l member, resignation or diss	ociatio	on and fee	(s) are submitted for filing.
Please	e return	all correspondence concerni	ng thi:	s matter to	c.
Kathle	en Toml	linson			
		(Contact Person)			
Beache	es ISB, I	TC			
		(Firm/Company)			
PO Bo	x 4088				
		(Address)	-	-	
Ormon	nd Beach	ı, FL 32175			
		(City/State and Zip Code)			
For fu	rther in	nformation concerning this m	atter, j	please call	:
Charles	s Duva		at	386 (589-4627)
	(N	ame of Contact Person)	u	(Area Cod	e & Daytime Telephone Number)
	sed ple 5 Filing	ase find a check made payabl g Fee		_	Department of State for: ng Fee & Certified Copy
		ng Address:			Street Address:
		stration Section ion of Corporations			Registration Section Division of Corporations
	P.O. I	Box 6327			The Centre of Tallahassee
	Tallal	hassee, FL 32314			2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303







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 l	Florida Department
		r assigned to this limited liability co	mpany is:
Justin McName	دي د	resigned or will withdraw/resign is:, hereby withdraw/resign as	
Vice President	(Print Title)	.·	
of this limited li resignation in w	ability company and affirm	the limited liability company has b	een notified of my
Signature of I	Mchar Dissociating Member or Res	signing Manager	
	\$25.00 (Required) \$30.00 (Optional)		