## 120000 144172

(Re	equestor's Name)				
(Address)					
(Address)					
(Ci	ty/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL			
(Bt	usiness Entity Name)				
(Document Number)					
Certified Copies	Certificates of	Status			
Special Instructions to Filing Officer:					
		İ			





900349321959

08/21/20--01016--009 \*#55.00



10/9/20



## **COVER LETTER**

TO:						
	Division of Corporations					
SUBJI	ECT: 30A Florida, LLC					
	(Name of	Limited Liability C	ompany)			
The en	closed member, resignation or dis-	sociation and fee	e(s) are submitted for filing.			
Please	return all correspondence concern	ing this matter to	<b>)</b> :			
Patric	cia R. Young					
	(Contact Person)					
<u>Perro</u>	ne & Young		_			
	(Firm/Company)					
109 W	lestpark Drive, Suite 330					
	(Address)					
Deant						
brent	wood TN 37027-5062 (City/State and Zip Code)		_			
For fur	rther information concerning this n	natter, please cal	1:			
Patric	ia R. Young	at ( <b>615</b>	) <u>373.69</u> 10			
-	(Name of Contact Person)		le & Daytime Telephone Number)			
Enclos	ed please find a check made payab	ole to the Florida	Department of State for:			
□ \$25	Filing Fee	🗶 \$55 Filii	ng Fee & Certified Copy			
	Mailing Address: Registration Section		Street Address:			
	Division of Corporations		Registration Section Division of Corporations			
	P.O. Box 6327		The Centre of Tallahassee			
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			
	,		Tallahassee, FL 32303			



## 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	s it appears on the rec	ords of the Florida	Department
of State is: 30A	Florida, LLC		<del></del>	
2. The Florida doc	ument/registration number a	ssigned to this limited	d liability company	y is:
<u>L2000014417</u>	2			
3. The date this me	mber/manager withdrew/res	signed or will withdra	w/resign is: Augu	ust 18, 2020
4. I. Elizabeth A	. Echeverri Jame of Person Resigning)	, hereby withdra	aw/resign as a	
	ember / Member			
of this limited lia resignation in wr	bility company and affirm thiting.	ne limited liability cor	mpany has been no	otified of my
Elizal Signature of Di	ssociating Member or Resig	elli ming Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		2020 AUG 21 A	FILED

CR2E079 (2/14)