L2000166972

(Re	equestor's Name)	 			
(Address)					
(Ad	ddress)				
(Cit	ty/State/Zip/Phon	e #)			
☐ PICK-UP	☐ WAIT	MAIL			
(Bu	ısiness Entity Na	me)			
(Document Number)					
Certified Copies	_ Certificate	s of Status			
Special Instructions to Filing Officer:					
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09/05/23--01035--015 **25.00



August 30, 2023

Sent via Certified Return Receipt #7020 0090 0001 1073 1692

Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: Estate of Myra Denise Reilly (Beach Head St. Thomas, LLC)
Palm Beach County Case No.: 502022CP001323XXXMB

Dear Sir or Madam:

This firm represents Joseph "JB" Bensmihen, Personal Representative of the Estate of Myra Denise Reilly.

Enclosed please find this firm's check number 3425 payable to *Florida Department of State* in the amount of twenty-five dollars (\$25.00), along with your *Cover Letter* and *Dissociation or Resignation of Member, Manager from Florida or Foreign Limited Liability Company* for Beach Head St. Thomas, LLC.

Kindly confirm when the resignation if complete of the manager/member. Brandon A. Reilly is complete.

Thank you.

Respectfully,

DŁADDĄRIO, LAW, P.L.

Andrea-C. D'Addario, Esq.

ACD/de Enclosures

COVER LETTER

Divis	sion of Corporations					
SUBJECT:	BEACH HEAD ST. THOMAS, LLC					
bobole.	(Name of Limited Liability Company)					
The enclosed	d member, resignation or di	ssociation and fee	(s) are submitted for filing.			
Please return	all correspondence concer	ning this matter to	:			
Andrea C. D'A	ddario, Esq.					
	(Contact Person)		_			
D'Addario Law	v, P.L.					
	(Firm/Company)		-			
13860 Welling	ton Trace, Suite 38-213					
	(Address)	<u> </u>	_			
Wellington, FL	. 33414					
	(City/State and Zip Code)		_			
For further in	nformation concerning this	matter, please call	:			
Joseph "JB" Be	ensmihen	561 at (289-9495			
(Na	ame of Contact Person)		e & Daytime Telephone Number)			
	ase find a check made paya	ble to the Florida I	Department of State for:			
S25 Filing	g Fee	□ \$55 Filin	g Fee & Certified Copy			
	g Address:		Street Address:			
	tration Section		Registration Section			
	ion of Corporations		Division of Corporations			
	Box 6327		The Centre of Tallahassee			
I allat	nassee, FL 32314		2415 N. Monroe Street, Suite 816 Tallahassee, FL 32303			

CR2E079 (2/14)

TO: Registration Section



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)

	limited liability company as	s it appears on the records	of the Florida Department
2. The Florida doc	ument/registration number a	ssigned to this limited liab	oility company is:
4. I. BRANDON A. I	ame of Person Resigning)	signed or will withdraw/re, hereby withdraw/re	_
	(Print Title) bility company and affirm thiting.	ne limited liability compar	ny has been notified of my
	ssociating Member or Resig \$25.00 (Required) \$30.00 (Optional)	ning Manager	E IL 2029 SEP -5 SECRLIAR TALLAHASS
	·		5 PH 3: SEE, FLOR