L20000 177132

(Req	uestor's Name)					
(Addı	ress)					
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COVER LETTER

Divis	ion of Corporations		_		
SUBJECT:	Beach		Properties d Liability Company)	110	
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to:					
JOHN	(Contact Pers	cione	<u>. </u>		
Bead	OW\ (Firm/Compa	Proper	eties 11C		
Beach OWI Properties IIC (Firm/Company) 12680 M.C. Gregore Bluz. # 4					
Torsi	Wers, (City/State and Z	ip Code)	33919		
For further in	formation concerni	ng this matter.	please call:		
John	Corcione	;	239 709-3	205)	
(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					
Regis Divisi P.O. I	g Address: tration Section ion of Corporations 3ox 6327 nassee, FL 32314		Street Address: Registration Section Division of Corpor The Centre of Talla 2415 N. Monroe St	ations ahassee	

Tallahassee, FL 32303

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)

1. The name of the					
of State is:	CACH	OWL	Prope	retires	110_
2. The Florida docu	ment/registratio	n number assig	ned to this limite	d liability com	pany is:
L 20000	17713	2_			
3. The date this men	nber/manager w	rithdrew/resign	ed or will withdra	aw/resign is:	07/07/2020
4. I, Varessa	V - Core	ciarl_	hereby withdr	aw/resign as a	
MGF	<	·			,
(Print Title)				
of this limited liab		nd affirm the b	mited liability co	mpany has bee	en notified of my
Signature of Dis	ssociating Mem	ber or Resignin	g Manager		2021
					2020 JUI 14
Filing Fee:	\$25.00 (Requ	•			-
Certified Copy:	\$30.00 (Opti	onai)			
					<u> </u>
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