L20000287181

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

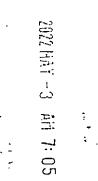
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COVER LETTER

Division of Corporations	•
SUBJECT: Beachin' PCB LLC	
Name of Limited Liability C	Company
DOCUMENT NUMBER: L20000287181	
The enclosed Resignation of Registered Agent for a Limited L for filing.	Liability Company and fee are submitted
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:	
	773-0888
Name of Person Area Code	Daytime Telephone Number

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO: Registration Section

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0115, Florida Statutes, the under	signed,	٠.
United States Corporation Agents, Inc.		, hereby resigns as	7022 HAT
	Name of Registered Agent	nereby resigns as	芸
Registered Agent for B	eachin' PCB LLC		 ادن
	Name of Limited Liability Company		
L20000287181			
Document Nu	umber, if known		
A copy of this resignation	on was mailed to the above listed limited liability of	company at its last know	wn address.
The agency is terminated	d and the office discontinued on the 31st day after	the date on which this	statement is filed.
	Signature of Resigning Agent		
If signing on behalf of an	n entity:		
	Cheyenne Moseley		
	Typed or Printed Name		
	Asst. Secretary for United States Corporation Age	nts, Inc.	
	Capacity		

FILING FEES: \$ 85.00 Activ \$ 25.00 Admi Active limited liability company
Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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