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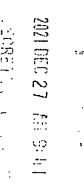
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Beach Life Partners (Name of Limited Liability Company) |
| The enclosed member, resignation or dissociation and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to: |
| Matthey Halliday (Contact Person) |
| (Firm/Company) 2274 Grovewood Rd (Address) |
| Clearwater FL 33764 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Matthew Halliday at 727 510 - 2073 (Name of Contact Person) (Area Code & Daytime Telephone Number) |
| Enclosed please find a check made payable to the Florida Department of State for: \$\times\$ \$ |

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 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)

| | limited liability company as Beach Life | | ds of the Florida Department |
|-------------------------|---|-----------------------------|-----------------------------------|
| | ument/registration number a | ssigned to this limited lia | ability company is: |
| 4. I. — Cit (Print N | mber/manager withdrew/res 1 614 bovac Tame of Person Resigning) 4149 er (Print Title) | igned or will withdraw/r | resign is: $\frac{ Z Z }{ Z }$ |
| resignation in wri | li a | | |
| | ssociating Member or Resig \$25,00 (Required) \$30,00 (Optional) | ning Manager | 2021 DEC 27 Alt 9: It |