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From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : I20160000048 : (800)345-4647 Phone Fax Number : (800)432-3622

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT RESIGNATION 510/512 SOUTH BEACH ROAD, LLC

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions o	f section 605.0115, Florida Statutes, t	he undersigned,	
Capitol C	orporate Services, Inc.	, hereby resigns as	
	me of Registered Agent		
Registered Agent for	510/512 SOUTH B	EACH ROAD, LLC	
	Name of the Limited	I Liability Company	
L210000			
A copy of this resignation v	was mailed to the above listed limited	fiability company at its last kno	own address.
The agency is terminated as	nd the office discontinued on the 31st	day after the date on which thi	s statement is filed.
_	Signature of Resignin	g Agent	
If signing on behalf of an e	ntity:		
	Yvette Cleveland	i	207
_	Typed or Printed Name		24 /
	Assistant Secretar	<u>ry</u>	2024 AUG
	Capacity		
	FILING FEES: \$ 85.00 Active limited lia \$ 25.00 Administratively withdrawn limits	sbility company dissolved/voluntarily dissolved liability company	PH 1: 04

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