## L21000067337

(Requestor's Name)
(Address)
( ladicos)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(0.000000000000000000000000000000000000
Certified Copies Certificates of Status
Second Instructions to Filing Officer
Special Instructions to Filing Officer:





400367665394

06/03/21--01015--022 \*\*25.00



## COVER LETTER , ,

TO: Registration Section Division of Corporations	
SUBJECT: Cicoa Beach Co. (Name of Limited L	FACE LLC iability Company)
The enclosed member, resignation or dissociation	
Please return all correspondence concerning this	
Ashley Johnson (Contact Person)	
(Firm/Company)	····
65 emerald Ct (Address)	<del></del> _
SATELLITE BEACH 329 (City/State and Zip Code)	37
For further information concerning this matter, p	lease call:
ASNIEY JOHNSON at ( Orame of Contact Person)	321 30 9097 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the ☐ \$25 Filing Fee ☐	e Florida Department of State for: \$55 Filing Fee & Certified Copy
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

CR2E079 (2/14)



## 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 limited liability company as it appears on the records of the Florida Department	
1. The name of the limited liability company as it appears	
of State is: Cocoa Beach Coffee L. CC.	
2. The Florida document/registration number assigned to this limited liability company is:	
	1
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 1000 hereby withdraw/resign as a	•
4. I. Scott P. Juneau hereby withdraw/resign as a (Print Name of Person Resigning)	
Menter (Print Title)	
of this limited liability company and affirm the limited liability company has been notified of my	
resignation in writing.	
Signature of Dissociating Member or Resigning Manager	
Signature of Dissociating Members	<b>;</b>
Filing Fee: \$25.00 (Required)	
Certified Copy: \$30.00 (Optional)	
25 S	