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COVER LETTER

Division of Corporations	•
•	
SUBJECT: SANDY BEAC (Name of Lim	H INSPIRATIONS LLC ited Liability Company)
The enclosed member, resignation or dissoci	ation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
TON JA JOHNSON - B (Contact Person)	nowk/
SANDY BEACH INSPINA (Firm/Company)	TTIONS LC
2027 (ONAL REGE (Address)	13
PENSA cola F.C. 7250 (City/State and Zip Code)	6
For further information concerning this matter	er, please call:
TON JA JOHN SON-Brown (Name of Contact Person)	at (305) SSO- 3559 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	o the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy
	- ·
Mailing Address:	Street Address
Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Tallahassee, FL 32314

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	e limited liability company as it appears on the records of the	Florida Department
of State is: <u>SA</u>	INDY BEACH INSPIRATIONS L	<u> </u>
2. The Florida doct	cument/registration number assigned to this limited liability c	ompany is:
86-28	205063	
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is	1 56/1. 2022
4. I, <i>RHOAN</i> (Print N	Name of Person Resigning), hereby withdraw/resign a	as a
MANA	(Print Title)	
of this limited lial resignation in wr	ability company and affirm the limited liability company has riting.	been notified of my
all		
Signature of Di	issociating Member or Resigning Manager	
		2022
Filing Fee:	\$25.00 (Required)	2 St
Certified Copy:	\$30.00 (Optional)	