h21000134682

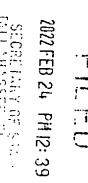
(Requestor's Name)				
(Address)				
(,				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
· · ·				
HORNE				
3. ' 2022				
J. HORNE MAR - 4 2022				

Office Use Only



600382067896

02/24/22++01002+-003 ++25.00



COVER LETTER

TO:	Registration Section Division of Corporations		•	
	121V131011 Of Corporations			
SHRI	Beach Butlers of PCB LLC			
3004	(Name of Limited Liability Company)			
The en	nclosed member, resignation or diss	sociation and fee((s) are submitted for filing.	
Pleasc	e return all correspondence concern	ing this matter to	:	
Alex J	Pollack			
	(Contact Person)		_	
Beach	Butlers of PCB LLC			
	(Firm/Company)		_	
8703 S	ourf Drive			
	(Address)	<u></u>	_	
Panam	a City Beach, FL 32408			
	(City/State and Zip Code)		_	
For fu	orther information concerning this n	natter, please call	:	
Alex J	Pollack	850 at (6251477	
	(Name of Contact Person)		e & Daytime Telephone Number)	
Enclo	sed please find a check made payab	ole to the Florida	Department of State for:	
= \$2:	5 Filing Fee	☐ \$55 Filin	ig Fee & Certified Copy	
	Mailing Address:		Street Address:	
	Registration Section		Registration Section	
	Division of Corporations		Division of Corporations	
	P.O. Box 6327		The Centre of Tallahassee	
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	



FILED 2022 FEB 24 PH 12: 39 SECRETARY OF STAIL TALLAHASSEE, FI

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)

	e limited liability company as it appears of Butlers of PCB	
2. The Florida doc L21000134682	cument/registration number assigned to the	nis limited liability company is:
3. The date this m	nember/manager withdrew/resigned or wi	ll withdraw/resign is: 12/31/21
	Name of Person Resigning) , hereb	
Member and Sec		
	(Print Title)	
of this limited lia resignation in w	ability company and affirm the limited li- riting.	ability company has been notified of my
lumy Fist		
Signature of D	Dissociating Member or Resigning Manag	ger
Filing Fee:	\$25.00 (Required)	
Certified Copy: —	\$30.00 (Optional)	