

121 000 198052

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

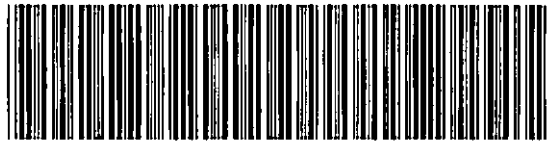
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2021 NOV -1 PM 5:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Perfect Beach Escape LLC
(Name of Corporation)

DOCUMENT NUMBER: L210 00198052

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Storme Levin
(Name of Person)

Perfect Beach Escape LLC
(Name of Firm/Company)

1140 SE. 7th Ave.
(Address)

Pompano Beach, FL 33060
(City/State and Zip Code)

For further information concerning this matter, please call:

Storme Levin at (954) 410-8322
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

FILED

2021 NOV -1 PM 5:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Kim Levin, hereby resign as Manager
(Title)

of Perfect Beach Escape LLC
(Name of Corporation)

L21000198052, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Kim R Levin

(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314