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			- <u></u> -		
	(Requ	estor's Nam	ie)		
	(Addr	ess)			
	(Addre	ess)			
	(City/S	State/Zip/Ph	one #)		
PICK-	JP	☐ WAIT		<u>М</u> А	JL.
	(Busin	ness Entity N	Vame)		
	(Docu	ment Numb	er)		
Certified Copies		Certifica	ites of	Status	
Special Instructio	ns to Fil	ing Officer:			

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Pink Shores, LLC		
(Name of Lim	ted Liability Company)	
The enclosed member, resignation or dissoci	ation and fee(s) are submitted for	filing.
Please return all correspondence concerning	this matter to:	
Janet Marti		
(Contact Person)		
Pink Shores, LLC. (Firm/Company)		
(Firm/Company)		
14349 Commerce Way (Address)		
(Audress)		
Miami Lakes, Fl 33016		
(City/State and Zip Code)		
For further information concerning this matter	er, please call:	7022 July ne Number)
Janet Marti	at (786) 326-5179	
(Name of Contact Person)	(Area Code & Daytime Telepho	ne Number)
Enclosed please find a check made payable t	the Florida Department of State	for:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified C	
Mailing Address:	Street Address:	
Registration Section	Registration Section	
Division of Corporations P.O. Box 6327	Division of Corpo The Centre of Tal	
Tallahassee, FL 32314	2415 N. Monroe S	
rananassee, fl 32314	2413 N. Monroe S	sueci, 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 D	epartment		
of State is: Pink Shores, LLC.			
2. The Florida document/registration number assigned to this limited liability company is	5 :		
L21000251296			
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 04-07-202	22		
4. I, Danielle Marti, hereby withdraw/resign as a			
(Print Name of Person Resigning)		202	
MGR	- '	2022 JU	
(Print Title)	. :	1	جــ · نه،
of this limited liability company and affirm the limited liability company has been notif	ied of my		- 447
resignation in writing.	•		. • :
Daniel Marti		2: 2:	تمسه
Signature of Dissociating Member or Resigning Manager		1/2	

Certified Copy:

Filing Fee:

\$25.00 (Required) \$30.00 (Optional)