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(Requestor's Name)				
(Address)				
(Address)				
(****	a .000)			
				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	TIAW [MAIL		
(Bu:	siness Entity Nar	ne)		
`	•	,		
(00	cument Number)	•		
Certified Copies	Certificates	s of Status		
Caraial Instructions to 1	Filias Offices			
Special Instructions to Filing Officer:				





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COVER LETTER

10:	Division of Corporations	
SHRI	Beachside Re	ggae Productions LLC
500		Limited Liability Company)
The er	nclosed member, resignation or diss	ociation and fee(s) are submitted for filing.
Pleasc	return all correspondence concern	ng this matter to:
	Thomas P. Baker III	
	(Contact Person)	
Е	Beachside Reggae Productions LLC	
	(Firm/Company)	
	249 Kings Way	
	(Address)	
	Satellite Beach, Florid	a 32937
	(City/State and Zip Code)	
For fu	rther information concerning this n	atter, please call:
	Thomas Baker	at (978)
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclos	sed please find a check made payab	le to the Florida Department of State for:
□ \$25	5 Filing Fee	■ \$55 Filing 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 81 Tallahassee, FL 32303



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 of State is:		y as it appears on the records of the Florida Department Productions LLC
	ument/registration numbe .21000412355	r assigned to this limited liability company is:
	Pamela D. Miles	/resigned or will withdraw/resign is: hereby withdraw/resign as a
(Print)	Same of Person Resigning) COO/CFO (Print Tule)	nereoy winidaw/resign as a
of this limited lia resignation in wr		the limited liability company has been notified of my
Signature of D	issociating Member or Re	Signing Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	-8 AH 9:5