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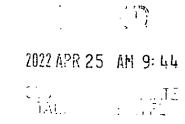
of 6/19/2022

COVER LETTER

	ion of Corporations		
SUBJECT:	Keys Bayside Paradise, LLC		
	(Name o	Limited Liability C	ompany)
The enclosed	l member, resignation or dis	ssociation and fee	e(s) are submitted for filing.
Please return	all correspondence concern	ning this matter to	o:
Jessica Hazelo	orn Chapman		
	(Contact Person)		
J. Chapman La	w, PA		
	(Firm/Company)		
2900 NE 19th !	Street		
	(Address)		_
Pompano Beac	h, FL 33062		
	(City/State and Zip Code)		
For further in	formation concerning this r	natter, please cal	1:
Jessica Hazelco	orn Chapman	954 at (649-9003
(Na	ime of Contact Person)		le & Daytime Telephone Number)
Enclosed plea \$25 Filing	ise find a check made payal Fee		Department of State for: ng Fee & Certified Copy
Regist Divisi P.O. E	ration Section on of Corporations Box 6327 assee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, 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)

	e limited liability company as it appears on the records of the Florida Department Bayside Paradise, LLC
	cument/registration number assigned to this limited liability company is:
Bridget Ammir	ember/manager withdrew/resigned or will withdraw/resign is: ati-Hesse, hereby withdraw/resign as a
AMBR (Authori	
of this limited lia resignation in w	
Signature of D	issociating Member or Resigning Manager
	\$25.00 (Required) \$30.00 (Optional)