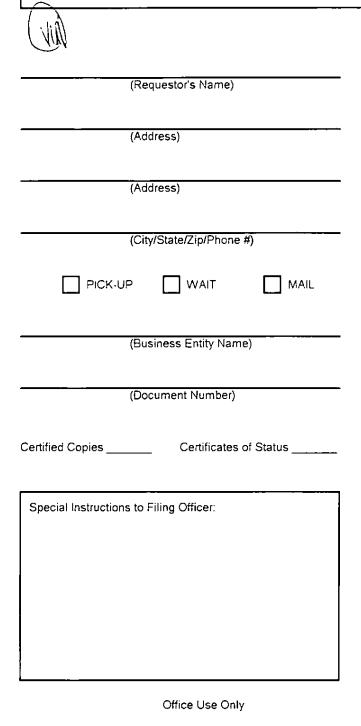
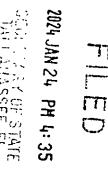
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COVER LETTER

TO: Registration Section Division of Corporations		
TIDY BEACHES, LLC SUBJECT:		
(Name of Limite	ed Liability C	ompany)
The enclosed member, resignation or dissociat	tion and fee	e(s) are submitted for filing.
Please return all correspondence concerning th	iis matter to	o:
Jena Weekley		
(Contact Person)		
Tidy Beaches, LLC		
(Firm/Company)		_
279 Chipola Cove		
(Address)		
Destin, FL 32541		
(City/State and Zip Code)		
For further information concerning this matter	, please cal	1:
Jena Weekley	850 at (501-4047
(Name of Contact Person)		de & Daytime Telephone Number)
Enclosed please find a check made payable to ■ \$25 Filing Fee		Department of State for: ng Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, 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)

TUY	e limited liability company as Y BEACHES, LLC	it appears on the records of the I	Florida Departmen	1
		signed to this limited liability co	mpany is:	
lena l. Weeklou	,	gned or will withdraw/resign is:	- <u> </u>	
(Print A		, hereby withdraw/resign as	a	
of this limited lia resignation in wr	tility company and affirm the iting. Sociating Member or Resign	e limited liability company has be	een notified of my	TI
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	ung manager	PH 4: 35	