L23000163295

(Re	equestor's Name)	
(Address)		
(Ac	idress)	
(Ci	ty/State/Zip/Phone #	£)
PICK-UP	☐ WAIT	MAIL
(Bı	rsiness Entity Name)
(Do	ocument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to	Filing Officer:	





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09/20/24--01021--001 **55.00

24 SEP 20 相 6: 14 11 YEP 20 相 6: 14

COVER LETTER

TO:		stration Section		
	Divis	sion of Corporations		
SUBJ	ECT:	BEACH VIBES BUILDERS LLC		
		(Name of Limit	ed Liability Cor	прапу)
The er	nclosed	d member, resignation or dissocia	tion and fee(s	s) are submitted for filing.
Please	returr	all correspondence concerning t	his matter to:	
CHRIS	ТОРНЕ	ER THOMAS		
		(Contact Person)		_
-		(Firm/Company)		
7703 R	OCK P	ALM AVE		
		(Address)		
ТАМР	A, FL 3	3615		
		(City/State and Zip Code)		_
For fu	ırther i	nformation concerning this matte	r, please call:	
CHRIS	ТОРНЕ	ER THOMAS	727 at (717-3367
	(N	Jame of Contact Person)		& Daytime Telephone Number)
Enclo	sed plo	ease find a check made payable to	the Flo r ida I	Department of State for:
□ \$2:	5 Filin	g Fee	■ \$55 Filing	g Fee & Certified Copy
	Maili	ng Address:		Street Address:
	Regis	stration Section		Registration Section
		sion of Corporations		Division of Corporations
		Box 6327		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
	1 8118	hassee, FL 32314		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 a	as it appears on the records of the Flor	rida Depa	ırtment
of State is: BEA	CH VIBES BUILDERS LLC			·
2. The Florida doc L23000163295	ument/registration number a	assigned to this limited liability comp	any is:	
3. The date this me	ember/manager withdrew/re	esigned or will withdraw/resign is:	26/2024	24 SEP 20
4. I. CHRISTOPHER	RTHOMAS	, hereby withdraw/resign as a		FP -
(Print)	Name of Person Resigning)	, hereby withdraw/resign as a		20
MANAGER				2
	(Print Title)			<u>ė</u> :
of this limited lia resignation in w		the limited liability company has been	ı notified	. o Pm y
Signature of D	issociating Member or Resi	gning Manager		
Filing Fee:	\$25.00 (Required)			
Certified Conv.	\$30.00 (Ontional)			

COVER LETTER

	stration Section sion of Corporations			
SUBJECT:	BEACH VIBES BUILDERS LLC			
	(Name of Lir	nited I	Liability Con	npany)
The enclosed	d member, resignation or dissoc	ciation	n and fee(s) are submitted for filing.
Please return	n all correspondence concerning	g this	matter to:	
CHRISTOPHI	ER THOMAS			
	(Contact Person)			-
	(Firm/Company)			-
7703 ROCK P	ALM AVE			
	(Address)			-
TAMPA, FL 3	3615			
	(City/State and Zip Code)			-
For further i	nformation concerning this mat	ter, p	lease call:	
CHRISTOPHI	ER THOMAS	at (727	717-3367
<u>(N</u>	lame of Contact Person)		(Area Code	& Daytime Telephone Number)
Enclosed ple	ease find a check made payable			Pepartment of State for: § Fee & Certified Copy
·				,
Regi Divi	ng Address: stration Section sion of Corporations			Street Address: Registration Section Division of Corporations
-	Box 6327 shassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 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	limited liability company as	it appears on the records of the Florida Department
of State is:	CH VIBES BUILDERS LLC	
2. The Florida docu	ıment/registration number ass	signed to this limited liability company is:
L23000163295		
3. The date this me	mber/manager withdrew/resign	gned or will withdraw/resign is:
4. I, CHRISTOPHER THOMAS (Print Name of Person Resigning)		, hereby withdraw/resign as a
(Print N	ame of Person Resigning)	
MANAGER		
·	(Print Title)	
resignation in wr	iting.	e limited liability company has been notified of my
Signature of Di	ssociating Member or Resign	ning Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:		