L24000178274

(Requestor's Name)			
(Address)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(City/State/Zip/Priorie #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
(Document Namber)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer			





300436666403

09/18/24--01035--002 **25.00

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Seaside Construction LLO	
Name of Limited Liabilit	y Company
DOCUMENT NUMBER: L24000178274	
The enclosed Resignation of Registered Agent for a Limite for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to t	he following:
United States Corporation Agents, Inc.	
Name of Person	-
Legalzoom.com, Inc.	
Name of Firm/Company	-
9900 Spectrum Dr.	
Address	-
Austin, TX 78717	
City/State and Zip Code	-
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
at (773-0888
Name of Person Area Code	Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ns of section 605.011	5. Florida Statutes, the undersigne	d,
United States Corp)C	
	Name of Registered Age	nt, nere	oy resigns as
Registered Agent for S	easide Constructi	on LLC	
	Name of Lin	ited Liability Company	
L24000178274			
Document Nu	mber, if known		
		bove listed limited liability compa	
The agency is terminated	d and the office disco	ntinued on the 31st day after the d	nte on which this statement is filed.
	Crik	Treedlein	
		Signature of Resigning Agent	
If signing on behalf of ar	n entity:		
	Erik Treutlein		
	T	rped or Printed Name	
	Vice President on behal	f of United States Corporation Agents, I	nc.
		Capacity	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability company Administratively dissolved/ volu- withdrawn limited liability com	intarily dissolved/ pany
			?;
	Make checks payabl	e to Florida Department of State an Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	d mail to: