L24000180230

(Re	equestor's Name)
	ddara'
(Ac	ddress)
(Ac	ddress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(8u	isiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	J. HORNE
	JUN 2 5 2024





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06/11/24--01004--011 **25.00



COVER LETTER

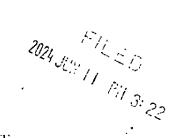
TO: Registration Section Division of Corporations
SUBJECT: The Beautiful Community LLC (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Michael Puchett Jr. (Contact Person)
The Bearial Community w
825 N Hallywood Circle
Crystal River, F1. 34429 (City/State and Zip Code)
For further information concerning this matter, please call:
Michael Puckett at (407) (037 999) (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\sum \text{S55 Filing Fee & Certified Copy}\$
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Tallahassee, FL 32314

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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: The Beautiful Community Lic
2. The Florida document/registration number assigned to this limited liability company is:
L24000180230
3. The date this member/manager withdrew/resigned or will withdraw/resign is: May 31, 2024
4. I, Michael A: Liboun SR., hereby withdraw/resign as a (Print Name of Person Resigning)
OWNER (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
~
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)