M0200001285

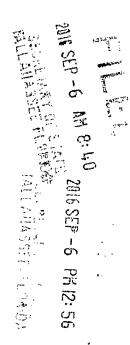
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer: Amanda gawe permission to Correct Section # 605.0115					

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M. MILLIGAN EXAMINER

SEP -8

COVER LETTER

TO:

Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

SUBJECT:	BEACH CLUB 401, LLC Name of Limited Liability Company
	Name of Limited Liability Company
DOCUMENT NUMBER:	M02000001285
The enclosed Resignation of Regis for filing.	tered Agent for a Limited Liability Company and fee are submitted
Please return all correspondence co	oncerning this matter to the following:
Brooke Daughert Name of Pers	y-Hayes on
National Corporate Re Name of Firm/Co	
850 New Burton Road Address	d, Suite 201
Dover, DE 19 City/State and Zip	9904 o Code
invoices@national E-mail address: (to be used for futur	COTP.COM e annual report notification)
For further information concerning	this matter, please call:
Brooke Daugherty-Haye Name of Person	s at (866) 621-3524 Area Code & Daytime Telephone Number
Enclosed is a check made payable a liability company or \$25.00 for an limited liability company.	to the Florida Department of State for \$85.00 for an active limited administratively dissolved, voluntarily dissolved or withdrawn
MAILING ADDRESS: Amendment Section	STREET ADDRESS: Amendment Section

Division of Corporations

Tallahassee, FL 32301

Clifton Building 2661 Executive Center Circle

STATEMENT OF

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	s of section 608:416(2) or 608.	509. Florida Statut	es, the undersigned,	
National	Corporate Research, Lt	d	hereby resigns as	
	Name of Registered Agent		,	
Registered Agent for	BEA	CH CLUB 401,	LLC	
	Name of Limited Liability	ty Company		
M02000	001285			
Document Nun	nber, if known			
A copy of this resignation	n was mailed to the above liste	d limited liability c	ompany at its last know	vn address.
The agency is terminated	and the office discontinued or	the 31st day after	the date on which this s	statement is filed.
	BLOOK D. Signature	of Resigning Agent		
If signing on behalf of an	entity:			
	Brooke Daugl	nerty-Hayes		
	Typed or Prir	ited Name		
	Assistant S	Secretary		
	FILING FEES: \$ 85.00 Active \$ 25.00 Admini		mpany d/ voluntarily dissolved y company	2018 SEP -6 AH 8

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314