P08000080378

(Re	equestor's Name)	
(Ad	idress)	
(Ad	idress)	
(Cil	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE

OD/Res (10/23/08

COVER LETTER

BEACHSIDE INVE	ESTMENT OF BREVARD, INC.
SUBJECT: BEACHSIDE INVE	(Name of Corporation)
DOCUMENT NUMBER: PO	8000080378
The enclosed Officer/Director Res	signation for a Corporation and fee are submitted for filing
Please return all correspondence of	concerning this matter to the following:
LINDA SCHIEGNER	
(Name of Pe	erson)
THE COVE RESTAURANT	
(Name of Firm/C	Company)
1462 HWY A1A	
(Address	3)
SATELLITE BEACH, FL 3293	7
(City/State and 2	Zip Code)
For further information concerning	g this matter, please call:
LINDA SCHIEGNER	at (321) 466-1566
(Name of Person)	at (321) 466-1566 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 ma	de payable to the Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. JERRY ROBERTS	, hereby resign as PRESIDENT	
	(Title)	
of BEACHSIDE INVESTMENT		
(Nam	e of Corporation)	-'
P08000080378 (Document Number, if known)	, a corporation organized under the laws of the State of	
FLORIDA	[*]	
	(Signature of resigning officer/director)	SECRETARY OF STATE

Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314