P13000005282

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





800454909868

07/23/25--01012--011 **35.00

9/12/25 R.L.

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
Sons Of the Beaches, Inc. SUBJECT:	
5010LC1	(Name of Corporation)
DOCUMENT NUMBER: P13000005282	
The enclosed Officer/Director Resignation	n for a Corporation and fee are submitted for filing
Please return all correspondence concerni	ing this matter to the following:
Linsey Ritch	
(Name of Person)	
Sons Of the Beaches, Inc.	
(Name of Firm/Company	')
1833 Williams St	
(Address)	
Jacksonville Beach, FL 32250	
(City/State and Zip Code	()
For further information concerning this m	natter, please call:
Linsey Ritch	9045779394
(Name of Person)	at () (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made paya	able to the Florida Department of State.
Mailing Address:	Street Address:
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Chris Connelly I.	Secretary	Secretary/Treasurer, hereby resign as	
1.	. Hereby resign as	(Title)	
Sons Of the Beaches			
(Na	ame of Corporation)		
P13000005282 (Document Number, if known)	, a corporation organized under the	laws of the State of	
Florida			
······································	 •		
	(Signature of resigning officer/director)		
<i>j</i>		202: ::!!	
		RILE 2025 JUL 23 P SECRETARY OF	
	FILING FEE IS \$35.00		

Amendment Section Division of Corporations P.O. Box 6327

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

Tallahassee, Florida 32314