L130000089463

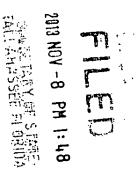
(Re	equestor's Name)	, ,		
(Ad	idress)			
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: COASTAL CONCESSIONS, L.L.C.

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Kerry Anne Schultz, Esquire

(Contact Person)

Fountain, Schultz & Associates, PL

(Firm/Company)

2045 Fountain Professional Ct., Ste. A

(Address)

Navarre, FL 32566

(City/State and Zip Code)

For further information concerning this matter, please call:

Brenda L. Turley

,850 、939-353

(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

□ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as it ap ASTAL CONCESSIONS, L	_	ida Department	
2. This limited liab	ility company was organized unde	er the laws of:	<i>a.</i> 2	
3. The Florida docs L130000294	ument/registration number of this 163	limited liability company is:	2013 NOV -8	
4. I, SOLID STO	ORAGE, LLC	, hereby resign as a Managin	g Member	
of this limited liai resignation in wr	bility company and affirm the limiting.	ited liability company has been	notified of my	
Signature of Resi	igning Member, Managing Memb	er or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	·		