L190CC151243

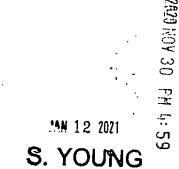
(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nar	me)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
		j	

Office Use Only



900354046819

11/30/20--01008--012 **25.06



COVER LETTER

TO: Registration Section Division of Corporations COASTAL BLUE TITLE LLC SUBJECT: (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: Manuela Zuluaga (Contact Person) Coastal Blue title and escrow agency LLC (Firm/Company) 1339 Bramblewood dr. (Address) lakeland/fl/33811 (City/State and Zip Code) For further information concerning this matter, please call: Manuela zuluaga 863 370-5449 at ((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 Mailing Address: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



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)

COA	e limited liability company as		of the Florida Department	t
2. The Florida doc 84-2018091	ument/registration number a	ssigned to this limited liab	oility company is:	
Manuela Zuluag	ember/manager withdrew/res	•	· ———	
(Print)	Name of Person Resigning)	, nereby windraw/re	.sign as a	
resignation in wi	(Print Title) ability company and affirm the riting. issociating Member or Resignation		ny has been notified of my	ŦĮ.
_	\$25.00 (Required) \$30.00 (Optional)		30 PM	· · · · · · · · · · · · · · · · · ·