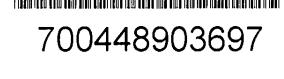
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Registration Section

TO:

CR2E079 (2/14)

Division of Corporations COASTAL PREMIER HOMES 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: RENATA CHWEDCZUK (Contact Person) COASTAL PREMIER HOMES LLC (Firm/Company) 5490 CRUZAT WAY (Address) PENSACOLA FL 32507 (City/State and Zip Code) For further information concerning this matter, please call: 6008696 RENATA CHWEDCZUK (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** The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

FILED

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SLUME STATE TALLAMASSEE, FL

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	limited liability company a	is it appears on the records of the Florida Department
of State is:	STAL PREMIER HOMES LLC	•
2. The Florida doct L25000131517	ament/registration number a	assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/re	signed or will withdraw/resign is:
4. I, ALBERT CHWEDCZUK (Print Name of Person Resigning)		, hereby withdraw/resign as a
(Print N	lame of Person Resigning)	
AUTHORIZED T	O MANAGE LLC	
	(Print Title)	
of this limited lia resignation in wr		he limited liability company has been notified of my
Signature of Di	scociating Member or Resi	gning Manager
	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	