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(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(C	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

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C. GOLDEN FEB 2.2 2019

COVER LETTER

TO: Registration Section Division of Corpora	n ations		
SUBJECT: (DAS	tal Living	Properties, LLC Imited Liability Company)	
DOCUMENT NUMBERS	,		
	f the members, mana	gers, or other authorized pers	ons to Withdraw the Alternate
Please return all correspond		•	
Julie Ad (Name of	Ontact Person)		
Coastay C	IVING Prop	erties_	
P.O. Box (S46 Address)		
Summer (City/Sta	dale, At 3 to and Zip Code)	4580	
For further information con	ncerning this matter, p	lease call:	
Julie Achi (Name of Contact)	MOV at ((Area Code) (Daytime Telepho	324 ne Number)
Enclosed is a check made p	payable to the Florida	Department of State for the fo	llowing amount:
	530.00 Filing Fee & ficate of Status	S55.00 Filing Fee & Certified Copy (Additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Reg Div Clii 266	eet Address: gistration Section ision of Corporations fron Building I Executive Center Circle lahassee, FL 32301	
CR2E128 (2/14)			
I'm hopu	ig to be	able to just Properties, LLC	use the which is now.

H

RESOLUTION TO WITHDRAW ALTERNATE NAME IN THE STATE OF FLORIDA PURSUANT TO 605.0906 (1), FLORIDA STATUTES

I, the undersigned, do hereby certify that I am the Authorized Person of
Coastal Living Properties, LLC, a limited liability (Name of Limited Viability Company)
company duly organized and existing under the laws of Aabama (State or Country of Organization)
Because the name of this foreign limited liability company now satisfies the requirements of s. 605.0112, Florida Statutes, the limited liability company hereby renounces the following alternate name in the state of Florida:
Coastal Living Properties Real Estate, LLC (Alternate Name Renounced in State of Florida)
<u>Oulie C. achumon</u> 2/15/19
Signature of Authorized Person Date

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

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

CR2E128 (2/14)

2019 FEB 19 PH 6: 00