## L02000011391

| (Re                                     | questor's Name)    |             |  |
|---|--------------------|-------------|--|
| (Ad                                     | ldress)            |             |  |
|   | ldress)            |             |  |
| (Ad                                     | idless)            |             |  |
| (Cit                                    | ty/State/Zip/Phone | e #)        |  |
| PICK-UP                                 | MAIT               | MAIL        |  |
| (Bu                                     | siness Entity Nar  | ne)         |  |
|   |                    |             |  |
| (Do                                     | cument Number)     |             |  |
| Certified Copies                        | _ Certificates     | s of Status |  |
| Special Instructions to Filing Officer: |                    |             |  |
|   |                    |             |  |
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| ,COVER LETTER  |  |  |  |  |
|--|--|--|--|--|
| TO: Registration Section Division of Corporations  | · •  |  |  |  |
| East Coast Premier Properties, LLC SUBJECT:  |  |  |  |  |
| (Name of Limited I.  | iability Company)  |  |  |  |
| The enclosed member, resignation or dissociation   | and fee(s) are submitted for filing.   |  |  |  |
| Please return all correspondence concerning this   | matter to:   |  |  |  |
| Amy M Young  |  |  |  |  |
| (Contact Person)   |  |  |  |  |
| Amy M Young PA   |  |  |  |  |
| (Firm/Company)   |  |  |  |  |
| 42 Underwood Trail   |  |  |  |  |
| (Address)  | <del></del>  |  |  |  |
| Palm Coast, FL 32164   |  |  |  |  |
| (City/State and Zip Code)  |  |  |  |  |
| For further information concerning this matter, pl   | ease call:   |  |  |  |
| Amy Young at (   | 386 316-3190   |  |  |  |
|  | 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: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303 |  |  |  |



## 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)

|                                     |  |                             | ls of the Florida Department |
|-------------------------------------|--|-----------------------------|------------------------------|
| of State is:                        | COAST PREMIER PROPERTIE                  | ES. LLC<br>                 |                              |
| 2. The Florida docu                 | ument/registration number a              | ssigned to this limited lia | ability company is:          |
| 3. The date this me                 | mber/manager withdrew/res                | igned or will withdraw/r    | resign is: October 22, 2020  |
| 4. I. Julie Mathis Ross             | sie-Santana<br>ame of Person Resigning)  | , hereby withdraw/          | resign as a                  |
| AMBR                                | ame of r erson Kesigning)                |                             |                              |
|                                     | (Print Title)                            |                             |                              |
| of this limited lial resignation in | bility company and affirm the            | e limited liability compa   | any has been notified of my  |
| Signature of Di                     | ssociating Member or Resig               | ning Manager                | 2028 NOV -6                  |
| Filing Fee:<br>Certified Copy:      | \$25.00 (Required)<br>\$30.00 (Optional) |                             | -6 PH 6:4                    |