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TRANSMITTAL LETTER

Division of Corporations
SUBJECT: River Coast Construction L.L.C. (Name of Limited Liability Company)
DOCUMENT NUMBER: LOUDOOD 2706
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jonathan Cylumer (Name of Person)
(Name of Firm/Company)
P. U. Box 574 (Address)
Apalachicola FL 3232A (City/State and Zip Code)
For further information concerning this matter, please call:
Jonathan Cramer at (\$50) 453 - U332 (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

INHS17(11/02)



January 10, 2005

JONATHAN CREAMER P.O. BOX 514 APALACHICOLA, FL 32329

SUBJECT: RIVER COAST CONSTRUCTION, L.L.C.

Ref. Number: L0400002706

We have received your document for RIVER COAST CONSTRUCTION, L.L.C. and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to resign from an active L.L.C. is \$85.00.

There is a balance due of \$35.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Letter Number: 805A00001704

Carol Mustain Document Specialist

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 608.41	6(2) or 608.509,	Florida Statutes,	the undersigned	,			
Jonathan Creamer		Y	, hereby resigns as					
(1)	Jame of Registered A	gent)	_					
Registered Agent for	River	Coast	Constr	uction	<u>,L.l</u>	(· 	
	(Name of L	imited Liability Co	mpany)				•	
L 04 0000 (Document Number	5270V , if known)			-				
A copy of this resignation	was mailed to the	above listed lim	ited liability com	pany at its last k	nown ad	dress.		
The agency is terminated a	And	continued on the		date on which t	his states AHASSEE	JAN 28	s filed.	
If signing on behalf of an e	entity)F STAI . FLORI	AMII: 2	Ö	
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Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314