L04000035147

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

SUBJECT: Suncoast Capital Management, LLC
(Name of Limited Liability Company)
DOCUMENT NUMBER: L04000035147
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:
Chuck Lewandowski
(Name of Person)
Suncoast Capital Management, LLC (Name of Firm/Company)
9112 Highland Ridge Way (Address)
Tampa FL 33647 (City/State and Zip Code)
For further information concerning this matter, please call:
Chuck Lewandowski at (813) 948-8500 (Name of Person) (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Amendment Section Division of Corporations

TO:

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

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED **LIABILITY COMPANY**

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,
Stephen A. Kech of Koch & Associates, PA , hereby resigns as (Name of Registered Agent)
Registered Agent for Suncoast Capital Management, LLC
(Name of Limited Liability Company)
L0400035147 (Document Number, if known)
A copy of this resignation was mailed to the above listed limited liability company at its last known address.
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.
(Signature of Resigning Agent)
If signing on behalf of an entity:
(Typed or Printed Name) Owner President
(Capacity)

FILING FEES: \$ 85.00 Active \$ 25.00 Admi

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314