

LD4000062384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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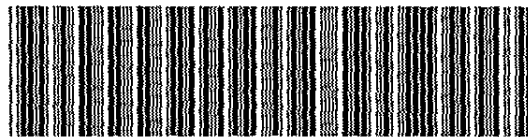
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H. Culligan SEP 26 2006

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: COASTAL COTTAGES OF SARASOTA II, LLC.  
(Name of Limited Liability Company)

DOCUMENT NUMBER: 204000062384

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:

JACK LEFROCK  
(Name of Person)

COASTAL COMMUNITIES LLC  
(Name of Firm/Company)

1343 MAIN STREET, SUITE 502  
(Address)

SARASOTA, FLORIDA 34236  
(City/State and Zip Code)

For further information concerning this matter, please call:

JACK LEFROCK at ( 941 ) 309-0303  
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 26, 2006

JACK LEFROCK  
1343 MAIN STREET  
SUITE 502  
SARASOTA, FL 34236

SUBJECT: COASTAL COTTAGES OF SARASOTA II, LLC  
Ref. Number: L04000062384

We have received your document for COASTAL COTTAGES OF SARASOTA II, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the Registered Agent must be stated exactly as it appears on DOS records.

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) 245-6067.

Neysa Culligan  
Document Specialist

Letter Number: 606A00057324

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 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,

Coastal Communities LLC

(Name of Registered Agent)

, hereby resigns as

Registered Agent for

COASTAL COTTAGES OF SARASOTA II, LLC.

(Name of Limited Liability Company)

LO4000062384

(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.

Jack L. LeFroch

(Signature of Resigning Agent)

If signing on behalf of an entity:

~~Jack LeFroch~~ Jack L LeFroch

(Typed or Printed Name)

Manager

(Capacity)

### FILING FEES:

\$ 85.00 Active limited liability company  
\$ 25.00 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