

L04 0000 74878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

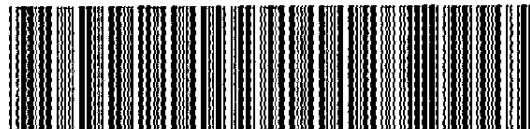
(Document Number)

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FILED

2006 MAR -1 AM 10:28

OFFICE OF CORPORATIONS  
TALLAHASSEE, FLORIDA

BRUNN

FEB 22 2006



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 22, 2006

DANIEL CAPPIELLO  
5347 PLAINS DRIVE  
LAKE WORTH, FL 33463

SUBJECT: COASTAL SETTLEMENT SERVICES, LLC  
Ref. Number: L04000074878

FILED  
2006 MAR - 1 AM 10:29  
TALLAHASSEE, FLORIDA

We have received your document for COASTAL SETTLEMENT SERVICES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6043.

Joey Bryan  
Document Specialist

Letter Number: 006A00012663

*Note: I see that there is a \$10.00 difference in the filing fee. I sent \$35.00 whereas this new form sent requires only \$25.00. How do I receive a refund? Thank you for your attention to these matters*  
*Daniel Capello*

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Coastal Settlement Services, LLC  
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Daniel J. Coppello  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

5347 Plains Drive  
(Address)

Lake Worth, FL 33463  
(City/State and Zip Code)

For further information concerning this matter, please call:

Daniel Coppello at (561) 301-7268  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee &  
Certified Copy

CR2E079 (8/05)

N/A

As evidenced by the attached letter from the DOC  
my \$35.00 check is already ~~held~~ received from the DOC.

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2006 MAR -1 AM 10:29  
TALLAHASSEE, FLORIDA



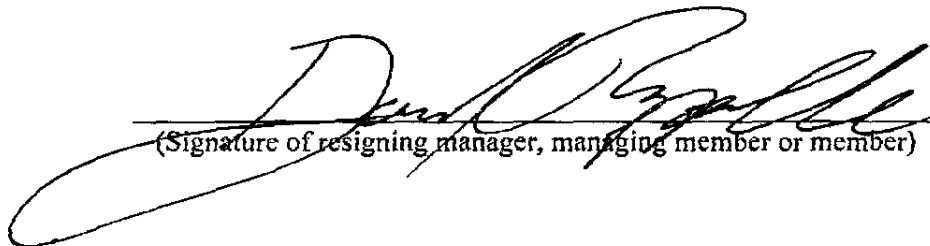
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER**

I, Daniel Cappiello, hereby resign as Manager  
(Title)  
of Coastal Settlement Services,  
(Limited Liability Company)

a limited liability company organized under the laws of the State of Florida,

and affirm that the limited liability company has been notified in writing of the resignation.

  
(Signature of resigning manager, managing member or member)

**FILING FEE IS \$25.00**

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

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TALLAHASSEE, FLORIDA