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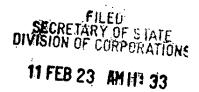
TO:

CR2E079 (5/06)

Registration Section

Division of Corporations	
SUBJECT: Royal Coast Builders, LLC	
(Name of Limited Lia	bility Company)
The enclosed member, managing member or manafiling.	ger resignation and fee(s) are submitted for
Please return all correspondence concerning this m	atter to:
William Goreschak	
(Contact Person)	
Royal Coast Builders, LLC	
(Firm/Company)	
11210 Phillips Industrial Blvd E, Suite	13
(Address)	
Jacksonville, FL 32256	
(City/State and Zip Code)	··············
For further information concerning this matter, plea	ase call:
Shirley Mooreat (904 ₎ 880-5500, ext 26
(Name of Contact Person) (An	rea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the F	lorida Department of State for:
\$25 Filing Fee	\$55 Filing Fee &
	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as it yal Coast Builders, LLC		of the Florida Department
2. This limited liab	vility company was organized u	ander the laws of:	
3. The Florida doci	ument/registration number of t	his limited liability comp	pany is:
4. I, William Go		, hereby resign as a	Manager (Print Title)
of this limited lia resignation in wr	bility company and affirm the iting. igning Member, Managing Me Effective 2/22/1	Maranal mber or Manager	,
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		