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(Re	equestor's Name)	- use,		
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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: COASTAL LIVING REAL (Name of Limited	ESTATE AND PROPERTY Monogenent Liability Company)
The enclosed member, managing member or ma filing.	unager resignation and fee(s) are submitted for
Please return all correspondence concerning this	s matter to:
KALEN Williams (Contact Person)	
. ,	e and Properly Monagement LLC
14001 Belligio Way	
Ospley FC 3429 (City/State and Zip Code)	
For further information concerning this matter, p	please call:
(Name of Contact Person) at	(941) 228-6756 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	se Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
Clifton Building 2661 Executive Center Circle	Tallahassee, Florida 32314

Tallahassee, Florida 32301

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the I of State is:	imited liability compan	y as it appears on the records EAL ESTATE AND PRO	of the Florida Depa Peldy Malager	rtmen <u>eut</u>	LLC
	ity company was organ				
	nent/registration numbe	er of this limited liability com	pany is:		
4. I, Linda (Print Nat	DSSENKOP me of Person Resigning)	, hereby resign as a _	MGRM Prim Title)		
of this limited liabit resignation in write		n the limited liability compan		Ç	2
	ning Member, Managin \$25.00 (Required)	g Member or Manager		N7 MAY 11 PH	ECRETARY SECRETARY
Certified Copy:				PH 1: 13	D STATE