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(Re	equestor's Name)	
(Ac	ddress)	······································
(Ac	ddress)	•
(Ci	ty/State/Zip/Phone #	f)
PICK-UP	☐ WAIT	MAIL
(Ви	usiness Entity Name	e)
(Do	ocument Number)	4.
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
Resign		
	Office Use Only	



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

)6 OCT 27 AM II: 3

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Gulf Gast Finest Homes, UC. (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:
Sara Teclo (Name of Person)
Manatee Consulting, Inc.
3820 Colonial Blvd #101
Ft. Myers FL 33912 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (239) 278 - 1452 (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (8/05)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Sara Tecle , hereby resign as manager (Title)
of Gulf Coast Finest Homes, UC (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) ALLAHASSEE, FLOR

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