L05000074499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Coogee Creations LLC.
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

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TALLAHASSEE FLORIDA

Peter M. Evans
(Contact Person)

Coogee Creations LLC.
(Firm/Company)

9101 East Bay Harbor Dr. #305
(Address)

Bay Harbor Islands Florida 33154
(City/State and Zip Code)

For further information concerning this matter, please call:

Peter M. Evans at (305) 305 308 6562
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:
☑ $25 Filing Fee ☐ $55 Filing Fee & Certified Copy

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

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 limited liability company as it appears on the records of the Florida Department of State is: Coogee Creations LLC.

2. This limited liability company was organized under the laws of: Florida

3. The Florida document/registration number of this limited liability company is: L05000074499

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TALLAHASSEE FLORIDA

4. I, Rita M. Sheil (*Print Name of Person Resigning*), hereby resign as a MGR (*Print Title*) of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Rita M Sheil

Signature of Resigning Member, Managing Member or Manager

Filing Fee: $25.00 (Required)
Certified Copy: $30.00 (Optional)

Melvin B. Prine
Notary Public

MELVIN B. PRINE
MY COMMISSION # DD 262214
EXPIRES: February 27, 2008
Bonded Thru Budget Notary Services

CR2E079 (5/06)

Sworn to me this 15th Day of August 2007
FLDL 5480-733-52561-0