L050001/3093

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SECRETARY OF STATE
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AA Resign, 06-14-07 De

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: COASTAL EQUITY PARTNERS, LLC				
(Name of Limited Liability Company)				
DOCUMENT NUMBER: L05000113093				
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Richard E. Berman, Esq.				
(Name of Person)				
Berman, Kean & Riguera, PA				
(Name of Firm/Company)				
2101 W. Commercial Boulevard Ste 2800				
(Address)				
Fort Lauderdale, FL 33309				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Richard E. Berman, Esq. at (954) 735-0000 (Name of Person) (Area Code & Daytime Telephone Number)				
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.				
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399				

INHS17(11/02)

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 608.416	(2) or 608.509, Florida	a Statutes, the undersig	med,
BERMAN, KEAN & RIGUERA, P. A.		. .	, hereby resigns as	
	(Name of Registered Age	ent)	, norody resigna	u.
Registered Agent for _	COASTAL EQUIT	Y PARTNERS, LI	<u>-C</u>	
	(Name of Lir	mited Liability Company)		· · · · · · · · · · · · · · · · · · ·
L05000113093				
(Document Nur	nber, if known)			
A copy of this resignati	ion was mailed to the a	above listed limited lia	ability company at its la	ast known address.
If signing on behalf of		nature of Resigning Agent)		ich this statement is filed.
it signing on behalf of	•	man Esa		F (0, 0
	Richard E. Berr Oirector	Typed or Printed Name)		T JUN:
	FILING \$ 85.00 \$ 25.00	(Capacity) FEES: Active limited liability distribution withdrawn limited	ility company issolved/ voluntarily d liability company	ARY OF STATE SSEE, FLORIDA

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