

✓
L06000019322

(Requestor's Name)

(Address)

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2013 DEC -6 PM 5:30
TALLAHASSEE, FL 32301

B. BOSTICK

DEC 10 2013

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: disolution of registered agent
Name of Limited Liability Company

DOCUMENT NUMBER: _____

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:

jennifer lento

Name of Person

coastal copier llc

Name of Firm/Company

6313 newman circle w

Address

lakeland fl 33811

City/State and Zip Code

jenmegash@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

jennifer lento

Name of Person

at (863) 812-5139

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2013 DEC -6 PM 5:30
TALLAHASSEE, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Jennifer Lento

_____, hereby resigns as
Name of Registered Agent

Registered Agent for _____

Coastal Copier LLC

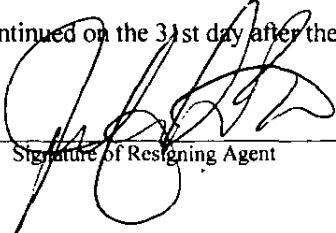
Name of Limited Liability Company

L 06000019322

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

Jennifer Lento

Typed or Printed Name

Self signing / Coastal Copier

Capacity

TALLAHASSEE, FL 32314
2015 DEC -6 PM 5:30

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

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