106000046300	
(Requestor's Name) (Address) (Address)	900160445149
(City/State/Zip/Phone #)	09/15/0901019012 **85.00
(Document Number)	FILE 2009 SEP 15 AM TALLAHASSEE, F
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TO: Amendment Section Division of Corporations

6.3

SUBJECT: COASTAL COMPLIANCE SOLUTIONS LLC Name of Limited Liability Company

DOCUMENT NUMBER: L06000046300

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:

Brenna Moriarty Name of Person

BizFilings Name of Firm/Company

8040 Excelsior Dr Suite 200 Address

> Madison, WI 53717 City/State and Zip Code

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

For further information concerning this matter, please call:

Brenna Moriartyat (608827-5300 x232Name of PersonArea 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 CILED

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,

Business Filings Incorporated , hereby resigns as

Name of Registered Agent

COASTAL COMPLIANCE SOLUTIONS LLC Registered Agent for

Name of Limited Liability Company

L06000046300

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.

ignature of Resigning Agent

If signing on behalf of an entity:

1 3

Brenna Moriarty

Typed or Printed Name

Asst. Sec., Business Filings Incorporated Capacity

2009 SEP 15 AM 11:

FILING FEES:

\$ 85.00

Active limited liability company Administratively dissolved/ voluntarily dissolved/ \$25.00 withdrawn limited liability company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