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SECRETARY OF STATE

PALLAHASSEE, FLORID

8/5/14

COVER LETTER

Division of Corporations
SUBJECT: Co Conut Cottage LCC (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Steven Serle (Contact Person)
Steven Serle, P.A. (Firm/Company)
6070 N. Federal Hwg.
Boca Raton, FL 33487 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (S61) 912-3580 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\sum \\$25 \text{Filing Fee} \sum \\$55 \text{Filing Fee & Certified Copy}\$

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

TO: Registration Section

CR2E079 (2/14)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limit	ted liability company as it appears on the records of the Florida Department
of State is:	oconut Coffage LLC.
2. The Florida documen	t/registration number assigned to this limited liability company is:
L06000	0048258
3. The date this member	r/manager withdrew/resigned or will withdraw/resign is: July 16, 2014
4. I, OIIII Name of	J. Butchard, hereby withdraw/resign as a of Person Resigning)
	ritle) member
of this limited liability resignation in writing.	company and affirm the limited liability company has been notified of my
Mas	
Signature of Dissoci	iating Member or Resigning Manager
•	25.00 (Required) 30.00 (Optional)