L06000048258

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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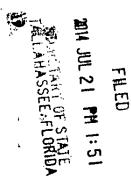
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8/5/14

COVER LETTER

Registration Section Division of Corporations

. **TO:**

SUBJECT: Coconut Cottage LLC Name of Limited Liability Company					
DOCUMENT NUMBER: L 06000048258					
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:					
Steven Serle Name of Person					
Steven Serle, P.A. Name of Firm/Company					
6070 N. Federal Hwy. Address					
Boca Raton, FL 33487 City/State and Zip Code					
Ser(e) a w @ a o . com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Steven Serle at (561, 912-3580) 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.					

STREET ADDRESS:

Tallahassee, FL 32301

2661 Executive Center Circle

Registration Section Division of Corporations

Clifton Building

P.O. Box 6327

MAILING ADDRESS:

Division of Corporations

Tallahassee, FL 32314

Registration Section

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

1000

Pursuant to the provisions	of section 605.0115, Florida Statutes, the under	rsigned,	Deser .	喜
William	J. Butchard	, hereby resigns as	→	=
Na	ame of Registered Agent		★	2 T
Registered Agent for	Coconut Cottage	e LLC	SEE .	
		•	E.S.	±
	Name of Limited Liability Company	•	TATE	
L O 6 0000 Document Number	5 4 8 2 5 8 er, if known			
A copy of this resignation v	was mailed to the above listed limited liability of	company at its last k	nown addr	ess.
The agency is terminated as	nd the office discontinued on the 31st day after Signature of Resigning Agent	r the date on which the	his stateme	nt is filed.
If signing on behalf of an e	ntity:			
_	Typed or Printed Name			
_	Capacity			

\$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