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(Re	questor's Name)	
, . (Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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resignation & MGR

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6/P/14

COVER LETTER.

CR2E079 (2/14)

TO: Registration Section Division of Corporations	
SUBJECT: Coconut 10, LLC	ited Liability Company)
The enclosed member, resignation or dissoci	
Please return all correspondence concerning	this matter to:
Jason Liebling	
(Contact Person)	
Medallion	
(Firm/Company)	
27805 SW 197 Avenue	
(Address)	
Homestead, FL 33031	
(City/State and Zip Code)	
For further information concerning this matter	er, please call:
Jason Liebling	305 278 9192
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	o the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



FLORIDA DEPARTMENT STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	limited liability company as it appears on the records of the Florida Departme
of State is: Coc	onut 10, LLC
2. The Florida doc L0600005421	ment/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: May 19, 2014
4. I, Richard Perl	nan, hereby withdraw/resign as a game of Person Resigning)
Manager	·
of this limited lia resignation in vi	Print Title) pility company and affirm the limited liability company has been notified of many ting.
Signature of D	ssociating Member or Resigning Manager
_	\$25.00 (Required) \$30.00 (Optional)
Cerunea Copy.	φουνο (Optionar)