

LOG 000057159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

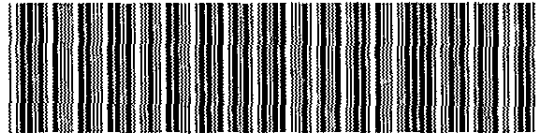
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500107983825

08/20/07--01015--028 \*\*25.00

SECRET  
OFFICIAL USE ONLY

2007 AUG 20 AM 11:16

FILED

LOG 57159  
AK

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: COASTAL OAKS HOMECARE SERVICES LLC  
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

COLIN YATES  
(Contact Person)

COASTAL OAKS HOMECARE SERVICES LLC  
(Firm/Company)

5652 ISABELLE AVE  
(Address)

PORT ORANGE FL 32127  
(City/State and Zip Code)

For further information concerning this matter, please call:

COLIN YATES at (386) 761 7719  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$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

SECRETARY OF STATE  
FILED

2007 AUG 20 AM 11:16

FILED



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

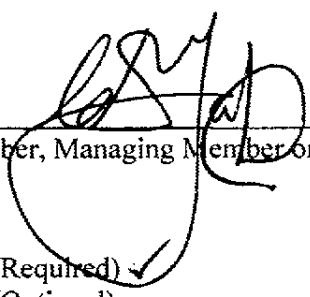
**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER  
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: COASTAL OAKS HOMECARE SERVICES, LLC

2. This limited liability company was organized under the laws of:  
FLORIDA

3. The Florida document/registration number of this limited liability company is:  
LO 6000057159

4. I, SHAHNTAY DUCKWORTH, hereby resign as a MGRM  
(Print Name of Person Resigning) (Print Title)  
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
\_\_\_\_\_  
Signature of Resigning Member, Managing Member or Manager

COLIN YATES  
REGISTERED AGENT

Filing Fee: \$25.00 (Required) ✓  
Certified Copy: \$30.00 (Optional)