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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

APR - 8 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CORAL BAY , 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:

TONY FORTE

(Contact Person)

CORAL BAY, LLC

(Firm/Company)

18377 SW 154 ST

(Address)

MIAMI, FLORIDA 33187

(City/State and Zip Code)

For further information concerning this matter, please call:

TONY FORTE

(Name of Contact Person)

at (305) 527-2252

(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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

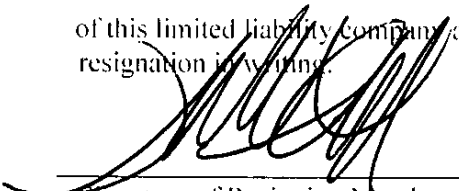
**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: CORAL BAY, LLC

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

3. The Florida document/registration number of this limited liability company is:
L06000058396

4. I, HECTOR MANSO, hereby resign as a MANAGER
(Print Name of Person Resigning) *(Print Title of Person Resigning)*
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

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

2011 APR 7 AM 10 08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA