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The Harry River

### **COVER LETTER**

TO:		stration Sect ion of Corpo							
SUBJEC		Livin Coastal	LLC						
SUBJEC	C1								
				mitted for filing, And Mi	umber dissoc	ciation & fee			
Please re	eturn a	all correspond	dence concerning this matter	to the following:					
			Brenda Miracle						
				Name of Person					
Firm/Company 3507 Treasure Circle									
				Address					
			City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  E-mail address: (to be used for future annual report notification)						
For furth	ner infe	ormation con	cerning this matter, please c	all:					
Brenda :	Mirac	le		850 896-9149					
		Name of P	erson		ime Telephone Number	_			
Enclosed	l is a c	check for the	following amount:						
\$25.	00 Fil	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Certificate of Certified Cop (additional copy	f Status & Dy			

### MAILING ADDRESS:

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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

	e limited liability company as n Coastal LLC	it appears on the records o	f the Florida Department
2. The Florida doc L0600009450	ument/registration number as	ssigned to this limited liabil	lity company is:
3. The date this me	ember/manager withdrew/res	igned or will withdraw/resi	gn is: 07/20/16
	ttys Name of Person Resigning)		
Mgr	(Print Title)		
of this limited lia resignation in wi	bility company and affirm th	e limited liability company	has been notified of my
Signature of D	issociating Member or Resig	ning Manager	
•	\$25.00 (Required) \$30.00 (Optional)		THO: