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ALLASSEE FI ORIO.

K. SALY DEC -5 2016

COVER LETTER

	stration Section sion of Corporations		
SUBJECT:	Coast to Coast Ventures, LLC	О.	
	(Name of Limited Liability Company)		
The enclose	d member, resignation or dissocia	tion and fee(s) are submitted for filing.
Please return	n all correspondence concerning the	his matter to:	
Rajin Pate	I		
	(Contact Person)		-
Coast to C	oast Ventures, LLC.		
	(Firm/Company)		-
19133 Har	bor Bridge Lane		
	(Address)		-
Lutz, FL 3	3558		
	(City/State and Zip Code)		***
For further i	nformation concerning this matte	r, please call:	
Rajin Pate	1	407 at (252-7361
1)	Name of Contact Person)		& Daytime Telephone Number)
Enclosed plo □ \$25 Filin	ease find a check made payable to g Fee		Pepartment of State for: Fee & Certified Copy
Registration Division of Clifton Buil 2661 Execu	Corporations		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)





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)

	limited liability company as it appears on the records of the Florida Department st to Coast Ventures, LLC.
2. The Florida doc L0600010706	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
4. I, Reji Alex	. hereby withdraw/resign as a fame of Person Resigning)
MGR	
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the <u>limited liability</u> company has been notified of my iting. Ref: M
Signature of D.	ssociating Member or Resigning Manager
_	\$25.00 (Required) \$30.00 (Optional)