

L07000025388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

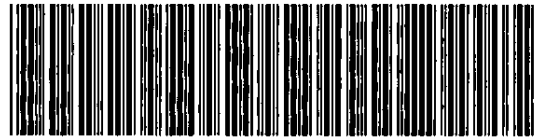
(Business Entity Name)

(Document Number)

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10 MAR 17 PM 2:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

MAR 18 2009

EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** COAST TO COAST METALS, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L07000025388

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kim M. Stanfield  
Name of Person

The Hogan Law Firm  
Name of Firm/Company

20 So. Broad Street  
Address

Brooksville, FL 34601  
City/State and Zip Code

kstanfield@hoganlawfirm.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kim M. Stanfield at ( 352 ) 799-8423  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**FILED**  
10 MAR 17 PM 2:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

HOGAN LAW FIRM, LLC

Name of Registered Agent

, hereby resigns as

Registered Agent for

COAST TO COAST METALS, LLC

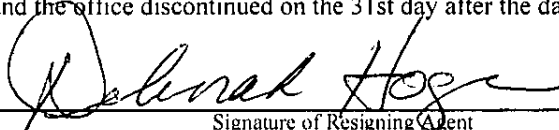
Name of Limited Liability Company

L07000025388

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

DEBORAH HOGAN, ESQ.

Typed or Printed Name

MANAGER

Capacity

### FILING FEES:

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

FILED  
10 MAR 17 PM 2:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314