## 100002949

(R	dequestor's Name)				
(A	ddress)				
(A					
(A	ddress)				
(C	ity/State/Zip/Phone #)				
PICK-UP		MAIL			
(E	dusiness Entity Name)				
(Document Number)					
Certified Copies	Certified Copies Certificates of Status				
		1			
Special Instructions to	Filing Officer:				



400108639064

08/30/07--01010--014 \*\*35.00

2001 SEP 10 AH 9: 36
SECRETARY OF STATE
SECRETARY OF STATE

Office Use Only

Q!

## **COVER LETTER**

SUBJECT: GOLFCOASI GROUP & ASSOCIATES LLC (Name of Corporation)	
(Name of Corporation)	
DOCUMENT NUMBER: <u>67000029619</u>	
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
John C. Whije (Name of Person)	
(Name of Firm/Company)	
3817 alamanda D1 (Address)	
Sarusona FL 34238  (City/State and Zip Code)  For further information concerning this matter, please call:  30 hn (, White at (24) 922-5330 (Area Code & Daytime Telephone Number)  (Name of Person)  Enclosed is a check for \$35.00 made payable to the Florida Department of State.	SEP
For further information concerning this matter, please call:	TO mental
John C. White at ( 941 ) 922-5330	
(Name of Person) (Area Code & Daytime Telephone Number)	က် က် <u>က</u>
Enclosed is a check for \$35.00 made payable to the Florida Department of State.	ص ص

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Amendment Section Division of Corporations

TO:

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314



August 31, 2007

JOHN WHITE 3817 ALAMANDA DR SARASOTA, FL 34238

SUBJECT: GOLFCOAST GROUP & ASSOCIATES, LLC

Ref. Number: L07000029619

We have received your document for GOLFCOAST GROUP & ASSOCIATES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days for your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Letter Number: 307A00052355

Tammi Cline Document Specialist

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company a 60LFCOAS1 600Mp			a Departme	nt -
	ility company was organize				
L070	ument/registration number o	·			
of this limited lial	ame of Person Resigning) pility company and affirm the				
resignation in wr	gning Member, Managing I	Member or Manager	IALLAHASS	2007 SEP 10 SECRETAR	en a transfer de la companya de la c
	\$25.00 (Required) \$30.00 (Optional)		er, alexaga	) AN 9: 36	Entranga Entrangant