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2001 MAY 30 A 10: 15
SECRETARY OF STATE
TALL AHASSEE, FLORIDA

AL

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Coastal Accounting Services, (Name of Limited Liability Con				
The enclosed member, managing member or manager resig filing.	nation and fee(s) are submitted for			
Please return all correspondence concerning this matter to:				
Barbara A. Barclay				
(Contact Person)	-			
Coastal Accounting Services, LLC	_			
(Firm/Company)	77 S			
6526 S. Kanner Hwy. #351	FILED 1001 MAY 30 A IO: SECRETARY OF STAT VLLAHASSEE, FLORI			
(Address)	Y 30			
Stuart, FL 34997				
(City/State and Zip Code)				
For further information concerning this matter, please call:	ATE RIDA			
at (6 Destino Telephone Number			
(Name of Contact Person) (Area Code	& Daytime Telephone Number)			
Enclosed please find a check made payable to the Florida I. \$25 Filing Fee \$50.5	Department of State for: \$55 Filing Fee & Certified Copy			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section Division of Corporations	Registration Section Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314			

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	nited liability company as it apstal Accounting Serv		of the Fl	lorida D	epartment
2. This limited liabilit Florida	y company was organized und	ler the laws of:	SECRETAR TALLAHASS	2001 NAY 30	
1	ent/registration number of this	limited liability com	rpanyjs: FLORI	D A IO	
	e of Person Resigning)	, hereby resign as a	(F	Print Title	ĺ
resignation in writin	ty company and affirm the lin	nted naomty compar	ly has be	en nour	ied of my
Signature of Resign	ing Member, Managing Memb	oer or Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				