LMOOOPLAN

(Requ	iestor's Name)		
(Addr	ess)		
(Addr			
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SECRETARY OF STATE TABLE AHASSEE FLORIDA

COVER LETTER

TO: Registration Section

CR2E079 (5/06)

Division of Corporations	
SUBJECT: Coastal Woodworking ar	nd Design, LLC
	I Liability Company)
The enclosed member, managing member or m filing.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning the	s matter to:
Michael Grosjean	
(Contact Person)	
Coastal Woodworking and Design,	LLC
(Firm/Company)	
8073 Delta Drive	
(Address)	
Milton, Florida 32583	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
Michael Grosjean	_{t (} 850 ₎ 393-9503
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t	
✓ \$25 Filing Fee	\$55 Filing Fee &
	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	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 astal Woodworking a	s it appears on the records of the Florida Department and Design, LLC
2. This limited liab State of Flo	ility company was organize orida	d under the laws of:
3. The Florida docu L0700009	•	of this limited liability company is:
_{4. I,} Jackie L. C	Green	, hereby resign as a Manager
(Print N	ame of Person Resigning)	(Print Title)
of this limited lial resignation in wr		he limited liability company has been notified of n
Orki	& Low	07-20-(0) Member or Manager
Signature of Resi	gning Member, Managing	Member or Manager
-	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	71/0