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(Requestor's Name)			
(Address)			
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(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
. (Document Number)			
(
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
no cover letter leru			



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10/28/10--01034--008 **25.00

SECRETARY OF STALE DIVISION OF CORPORATION

Office Use Only

SECRETARY OF STATE DIVISION OF CORPORATION

10 OCT 28 AMII: 56



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

		it appears on the records of the Florida Department RE COAST MITIGATION LLC
2. This limited liab	ility company was organized	under the laws of:
3. The Florida doct		this limited liability company is:
4. I, Douglas J. Cordello (Print Name of Person Resigning)		, hereby resign as a Manager (Print Title)
of this limited lial resignation in wr	bility company and affirm the iting.	e limited liability company has been notified of my
Signature of Rosi	gning Member, Managing M	10/27/10
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	