## L09000088498

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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TAIL AHASSEE, FLORIDA

APR 2 8 2014

C. CARROTHERS

## **COVER LETTER**

CR2E079 (2/14)

TO: Registration Section Division of Corporations		
SUBJECT: Of vine Design [ Name of Limited Liability Com	Build, LLC	
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to:		
Taylor Johnson (Contact Person)	-	
Coquina Design Build, UC (Firm/Company)	-	
360 Patrick Ave (Address)	-	
Merritt Island FC 32953 (City/State and Zip Code)	-	
For further information concerning this matter, please call:		
Taylor Johnson at (321 (Name of Contact Person) (Area Code	) 626-4880 & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida D \$25 Filing Fee \$55 Filing	epartment of State for: Fee & Certified Copy	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	





## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department
of State is: Coquina Dosign Build, CLC
2. The Florida document/registration number assigned to this limited liability company is:
COD L09000088498.
3. The date this member/manager withdrew/resigned or will withdraw/resign is:
4. I, Joanne Johnson, hereby withdraw/resign as a (Print Name of Person Resigning)
Manage (Pint Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)