109000114330

(Reque	stor's Name)	
(Addres	ss)	
(Addres	ss)	
(City/St	ate/Zip/Phone #	<i>‡</i>)
PICK-UP	WAIT	MAIL
(Busine	ss Entity Name)
(Document Number)		
Certified Copies	Certificates o	of Status
Special Instructions to Filing Officer:		
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SECRETARY OF STATE DIVISION OF CURPORATION

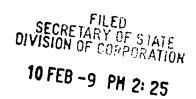
COVER LETTER

TO: Registration Section

CR2E079 (5/06)

Division of Corporations	
SUBJECT: COASTAL BOND GROU	
(Name of Limite	d Liability Company)
The enclosed member, managing member or mfiling.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning th	is matter to:
HARRISON MARGOLIN	
(Contact Person)	
COASTAL BOND GROUP LLC	
(Firm/Company)	
2334 HOLLYWOOD BLVD	
(Address)	
HOLLYWOOD, FL. 33020	
(City/State and Zip Code)	-
For further information concerning this matter,	, please call:
	954 922-7170
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for: \$55 Filing Fee &
▼ \$25 Fining Fee	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	rananassee, rionda 32317





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it ap of State is: COASTAL BOND GROUP	•
This limited liability company was organized und FLORIDA	ler the laws of:
3. The Florida document/registration number of this L09000114330	limited liability company is:
4. J. PUCHI, LUIS ALBERTO	, hereby resign as a MGRM = MANAGING MEMBER
(Print Name of Person Resigning)	(Print Title)
of this limited liability company and affirm the lim resignation in writing.	nited liability company has been notified of my
Signature of Resigning Member, Managing Memb	per or Manager

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)