#1/00006/5/6

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer. Customer changed Docto MGRM Resignation. 4/11/2011 K5
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EXAMINER APR I 1 2011



March 3, 2011

GULF COAST GREEN DEVELOPMENT LLC VIKTORIYA POSTRANETSKA 1817 BROOKHAVEN DR. SARASOTA, FL 34239

SUBJECT: GULF COAST GREEN DEVELOPMENT LLC

Ref. Number: L10000061516

We have received your document for GULF COAST GREEN DEVELOPMENT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This document was previously filed on February 28, 2011.

To receive a refund, please submit a signed written request to the attention of the undersigned. Be sure to include the name of the person or entity the check should be made payable to and the address to which it should be mailed. You may mail the request to: Division of Corporations, P. O. Box 6327, Tallahassee, FL 32314 or fax it to my attention at 850-245-6030

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly Regulatory Specialist II

Letter Number: 711A00005354

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: GULF COAST GREEN (Name of Limited	I DEVELOPMENT LLC Liability Company)		
The enclosed member, managing member or mafiling.	anager resignation and fee(s) are submitted for		
Please return all correspondence concerning this	s matter to:		
VIKTORIYA POSTRANETSKA	-		
(Contact Person)			
GULF COAST GREEN DEVELO	OPMENT LLC		
` ' '			
1817 BROOKHAVEN DR.			
(Autress)			
SARASOTA, FLORIDA 34239			
(City/State and Zip Code)			
For further information concerning this matter,	please call:		
VIKTORIYA POSTRANETSKA _{at}	702 290-3524		
(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to the			
✓ \$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 32314		

CR2E079 (5/06)

Tallahassee, Florida 32301



FILED 11 APR -8 AM II: 38 SEGRETARY OF STATE FALLAHASSEE, MLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	mited liability company as it a F COAST GREEN I		
2. This limited liabili STATE OF	ty company was organized un FLORIDA	der the laws of:	
3. The Florida docum <u>L 000061</u> 5	nent/registration number of thi	is limited liability con	npany is:
4. I, ALES HYN	IEK	_, hereby resign as a	MGRM
(Print Nan	ne of Person Resigning)		(Print Title)
resignation in writing	l		ny has been notified of my
Signature of Resign	ing Member, Managing Mem	iber or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		

CR2E079 (5/06)