## L10000083891

| (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: |
|   |
|   |
|   |

Office Use Only



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K SALY DEC 27 2017

## COVER LETTER

| SUBJECT: Castalliving Home Builders, L. (Name of Limited Liability Company)  |
|--|
| The enclosed member, resignation or dissociation and fee(s) are submitted for filing.  |
| Please return all correspondence concerning this matter to:  |
| Paul Hottman<br>(Connect Person)   |
| (ГіпоСопразу)  |
| PO BOX 1206 (Address)  |
| PVB FL 32004 (City/State and Zip Code)   |
| For further information concerning this matter, please call:   |
| Paul Hoffman at (904) 314 - 680 (Area Code & Daytime Telephone Number)   |
| Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee  |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |

Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301

TO: Registration Section

Division of Corporations



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FALL AHASSEE FLORIDE

## 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                       |
|---|
| or State is: Coastal Living Home Builders, LLC  |
| 2. The Florida document/registration number assigned to this limited liability company is:                                |
| L10000083891  |
| 3. The date this member/manager withdrew/resigned or will withdraw/resign is: DeC. 15t                                    |
| 4. I. John Hoffman, hereby withdraw/resign as a (Print Name of Person Resigning)  |
| Managine Member   |
| 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) \ enclosed   |
| Certified Copy: \$30.00 (Optional)  |