L10000125359

(Requestor's Name)				
· (Address)				
(Address)				
(Addless)				
(C	city/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
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Office Use Only



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10/09/12--01005--006 **35.00

10/26/12--01001--001 **20.00

2012 OCT 24 PM 3: 18
SECRETARY OF STATE



J. BRYAN

OCT 25 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 10, 2012

ROBERT SCHLEEF SUN COAST PROPERTY MANAGEMENT, LLC 12086 FT. CAROLINE RD. SUITE 502 JACKSONVILLE, FL 32225

SUBJECT: SUN COAST PROPERTY MANAGEMENT, LLC

Ref. Number: L10000125359



We have received your document for SUN COAST PROPERTY MANAGEMENT, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$20.00.

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) 245-6051.

Joey Bryan Regulatory Specialist II

Letter Number: 512A00025074

COVER LETTER

Division of Corporations	
SUBJECT: Sun Coast Property Management (Name of Limited Liability Cor	
The enclosed member, managing member or manager resig filing.	gnation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
Robert Schleef	•
(Contact Person)	_
Sun Coast Property Management, LLC	FILED 3: 18 TALLAHASSEE, FLORI
(Firm/Company)	\$ 3 =
12086 Ft. Caroline Rd. Suite 502	T 24 PH LTARY OF LHASSEE.F
(Address)	To a
Jacksonville, FL 32225	RATE ORIDA
(City/State and Zip Code)	-
For further information concerning this matter, please call:	
Robert Schleef at (904	607-9332
(Name of Contact Person) (Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida I \$25 Filing Fee	Department of State for: \$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



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



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

	nited liability company as it		s of the Florida Department
of State is: Sun	Coast Property Mana	igement, LLC	·
2. This limited liabilit Florida	ty company was organized u	nder the laws of:	
3. The Florida docum <u>L100001253</u>	ent/registration number of the 59	is limited liability cor	npany is:
4. I, Shelby Dors	e of Person Resigning)	, hereby resign as a	Member / MGRM (Print Title)
of this limited liabil resignation in writing	ity company and affirm the lang.	imited liability compa	ny has been notified of my
Signature of Resign	ing Member, Managing Men	nber or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		