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SECRETARY OF STATE

COVER LETTER

COV	ER LETTE	2	
TO: Registration Section		4	To the state of th
Division of Corporations		*	
SUBJECT: Coastal Grafx, LLC			TO OFFICE TO ALL OF THE PARTY O
(Name of Lin	nited Liability Cor	mpany)	
The enclosed member, managing member of filing.	r manager resig	nation and fee(s) are subm	itted for
Please return all correspondence concerning	this matter to:		
Laura Davis			
(Contact Person)		-	
Coastal Grax, LLC		_	
(Firm/Company)			
406 Virginia Ave		_	
. (Address)		_	1
Port Orange, FL 32127			
(City/State and Zip Code)			· İ
For further information concerning this mat	ter, please call:		
Laura Davis	at (386	631-3288	
(Name of Contact Person)	(Area Code	& Daytime Telephone Num	ber)
Enclosed please find a check made payable \$\sqrt{25}\$ Filing Fee	to the Florida I	Department of State for: \$55 Filing Fee &	·
₩ 1 425 T Hilling 1 400	'اسسا	Certified Copy	
STREET/COURIER ADDRESS:		MAILING ADDRESS:	
Registration Section		Registration Section	
Division of Corporations		Division of Corporations P.O. Box 6327	
Clifton Building 2661 Executive Center Circle		Tallahassee, Florida 3231	14
Tallahassee, Florida 32301		rananassee, riorida 525 i	,

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE **DIVISION OF CORPORATIONS**

NABER S

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANA FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPA

		t appears on the records of the Florida Department
of State is: Coa	astal Grafx, LLC	
2. This limited liab Florida	ility company was organized	under the laws of:
3. The Florida docu L11000062	_	this limited liability company is:
4. I. Timothy J.	Davis	, hereby resign as a Managing Member
/	ame of Person Resigning)	(Print Title)
of this limited lial	bility company and affirm the	limited liability company has been notified of my
resignation in wr	iting.	
728 al	the Leve	Z
Signature of Resi	gning Member, Managing M	ember or Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	