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B. BOSTICK

JUN 2 0 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: COAST COAST (Name of Limited Li	CUSTOM & COLLISION, LLC iability Company)
The enclosed member, managing member or manafiling.	ager resignation and fee(s) are submitted for
Please return all correspondence concerning this r	natter to:
VERONICA VALDEZ	
(Contact Person)	
	
(Firm/Company)	
HO BOX 617241 (Address)	As =
(Address)	
Orlando, Fz 3286	SECRETARY OF STATE PLORIDA ease call:
(City/State and Zip Code)	
For further information concerning this matter al	
For further information concerning this matter, plo	sase call.
(Name of Contact Person) at (407 448-0216
(Name of Contact Person) at (Area Code & Daytime Telephone Number)
(1) (1) (1)	non cour a payment rolephone ramour,
Enclosed please find a check made payable to the	Florida Department of State for:
\$25 Filing Fee	Certified Copy
	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	i mimimissee, i ioiimu 22017

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	imited liability company as it OAST 2 COAST		
	lity company was organized u		,
	ment/registration number of the	nis limited liability cor	mpany is:
4. I, Veror	nica Valdez me of Person Resigning)	, hereby resign as a	MGR (Print Title)
	ility company and affirm the l		
Ves	onica belo		
Signature of Resig	ning Member, Managing Mer	ber or Manager	12. MILL
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		TILED 12 JUN 18 AM II: C SLUKE AKY UF STAT ALLAHASSEE, FLORI