

L12000080116

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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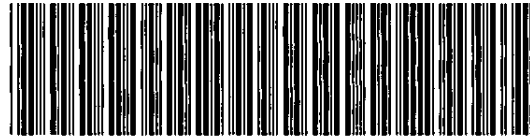
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Coast to Coast Window + Door LLC.
Name of Limited Liability Company

DOCUMENT NUMBER: L12000080116.

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Eric Hale
Name of Person

Coast to Coast Window + Door LLC.
Name of Firm/Company

3318 Peterborough PL.
Address

Palm Harbor FL. 34684
City/State and Zip Code

Ehaleassociates@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Betteridge at (727) 403-3608.
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

John Betteridge, hereby resigns as
Name of Registered Agent

Registered Agent for Coast to Coast Window & Door LLC.

Name of Limited Liability Company

L12000080116
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

If signing on behalf of an entity:

[Signature]
Signature of Resigning Agent

John Betteridge
Typed or Printed Name

President
Capacity

FILED
12 OCT -3 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314