L12000131695

(Requestor's Name)			
(Address)			
(Ad	dress)		
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
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17 JUL 20 PH 1: 25
DIVISION OF CURPORATIONS

O STIVIMONS JUL 2 4 2017

COVER LETTER

_	stration Section sion of Corporations		
SUBJECT:	COASTAL HOMES REALTY	Y, LLC	
SUBJECT:	(Name of Lim	ited Liability Con	npany)
The enclose	d member, resignation or dissoci	ation and fee(s) are submitted for filing.
Please return	n all correspondence concerning	this matter to:	
Joan Horn			
	(Contact Person)		-
COASTAL	HOMES REALTY, LLC		
	(Firm/Company)		_
2014 Mayr	oort Road		
	(Address)		-
Atlantic Be	ach, FL 32233		
	(City/State and Zip Code)		_
For further i	nformation concerning this matte	er, please call:	
Joan Hom		904 at (509-4381
()	lame of Contact Person)		& Daytime Telephone Number)
Enclosed plo	ease find a check made payable to g Fee		Pepartment of State for: Fee & Certified Copy
Registration	Corporations		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
	tive Center Circle		Tallahassee Florida 32314

Tallahassee, Florida 32301

CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

7 JUL 20 MH 1: 25

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 of State is:

COASTAL HOMES REALTY, LLC

2. The Florida document/registration number assigned to this limited liability company is:

L12000131695

3. The date this member/manager withdrew/resigned or will withdraw/resign is:

7/31/2016

4. I. Daniel K. Horn _______, hereby withdraw/resign as a

(Print Name of Person Resigning)

MGR

(Print Title)

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)

Certified Copy:

\$30.00 (Optional)