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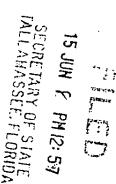
(Re	equestor's Name)	·· ·		
(Address)				
(Ad	ldress)			
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				

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JUN 1 0 2015 J SHIVERS

COVER LETTER

TO: Registration Section

CR2E079 (2/14)

Division of Corporations				
SUBJECT: LT COASTAL TOWERS, LLC				
(Name of Limited Liability Company)				
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to:				
Karen Guenther				
(Contact Person)				
Davila & Associates				
(Firm/Company)	-			
5710 IH-10 West	_			
(Address)	_			
San Antonio, Texas 78201				
(City/State and Zip Code)	-			
For further information concerning this matter, please call:				
Karen Guenther 210	299-1300			
(Name of Contact Person) (Area Cod	e & Daytime Telephone Number)			
Enclosed please find a check made payable to the Florida last \$25 Filing Fee \$25 Filing Fee	Department of State for: g Fee & Certified Copy			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

	: limited liability company as COASTAL TOWERS LLC	it appears on the records of the	Florida Department
	ument/registration number as	signed to this limited liability co	ompany is:
3. The date this me	mber/manager withdrew/resi	gned or will withdraw/resign is:	05/18/2015
4. I, Alberto Gala	into	, hereby withdraw/resign as	
Manager	iame of Person Resigning)		
	(Print Title)		JAL SE
of this limited lia resignation in wr		e limited liability company has b	een notified of my
	genant		PA FEE
Signature of Di	issociating Member or Resign	aing Manager	PM 12: 57 OF STATE FLORID.
Filing Fee:	\$25.00 (Required)		D'
Certified Copy:	\$30.00 (Optional)		