

L13 00000 74916

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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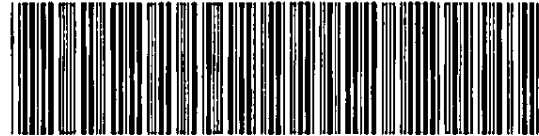
(Business Entity Name)

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2020 JAN 21 PM 1:41

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COASTAL HOMES, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L13000074916

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:

ALAN C. BRANDT, JR.

Name of Person

FERENCIK LIBANOFF BRANDT BUSTAMANTE & GOLDSTEIN.

Name of Firm/Company

150 SOUTH PINE ISLAND ROAD, SUITE 400

Address

FORT LAUDERDALE, FLORIDA 33324

City/State and Zip Code

pbrandt@flblawyers.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BARBARA ROGERS, LEGAL ASSISTANT

954

474-8080

at (

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned.

ALAN C. BRANDT, JR. _____, hereby resigns as

Name of Registered Agent

Registered Agent for COASTAL HOMES, LLC _____

Name of Limited Liability Company

1.13000074916 _____

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.



Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

2020 JUN 21 PM 1:41

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