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APR 0 3 2014

C. CARROTHERS



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Coastal Alliance Goup
(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:

Patrick Millings
(Contact Person)

Coastal Alliance Group
(Firm/Company)

10310 Hutchison Blud Suite 200 (Address)

Panamou City Bd FL 32407
(City/State and Zin Code)

For further information concerning this matter, please call:

Patrick Millirons at (850) 899-5337

(Name of Contact Person) (Area Code & Daytime Telephone Number)

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

CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	e limited liability compan		cords of the Florida Dep	
	cument/registration numb	er of this limited liability	y company is:	
	ember withdrew or will v			
4.1, Bryai	Name of Person Resigning)	, hereby resign	as a Bryan Cou (Print Title)	van -MGRM
	ability company and affire			
Signature of R	<u>Cوسوم</u> esigning or Dissociating	Manager, Member	-	
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)			
Certified Copy:	\$30.00 (Optional)		SECRETAR TALLAHASSI	14 HAR 31

CR2E079 (12/13)