

L130000129738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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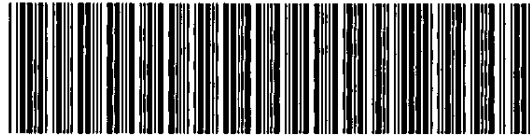
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
14 DEC 19 AM 8:21

C.L.
17-29-14



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 11, 2014

BRANDON R. BURG ESQ. / HARRISON SALE MCCLOY
PO DRAWER 1579
PANAMA CITY, FL 32402-1579 US

SUBJECT: COASTAL LIVING HOME CARE, LLC
Ref. Number: L13000129738

We have received your document for COASTAL LIVING HOME CARE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 214A00026232

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COASTAL LIVING HOME CARE, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L13000129738

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:

Brandon R. Burg, Esq.

Name of Person

Harrison Sale McCloy

Name of Firm/Company

PO Drawer 1579

Address

Panama City, FL 32402-1579

City/State and Zip Code

OBNurse08@yahoo.com

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

For further information concerning this matter, please call:

Brandon R. Burg, Esq.

at (850) 769-3434

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Brandon R. Burg

, hereby resigns as

Name of Registered Agent

Registered Agent for COASTAL LIVING HOME CARE, LLC

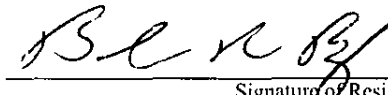
Name of Limited Liability Company

L13000129738

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 DEC 19 AM 8:24

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