# L13000147692

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Ві	siness Entity Nam	ne)
(Do	ocument Number)	<del></del>
Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE OF VISION OF CORPORATIONS

CV 23/14

### COVER LETTER

e turnishings UC Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: ome Furnishings LLC For further information concerning this matter, please call: Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee □ \$55 Filing 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

CR2E079 (2/14)

TO:

Registration Section
Division of Corporations



SECRETARY OF STATE OIVISION OF CORPORATIONS
14 DEC 17 AM 10: 19

## 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)

1. The name of the limited liability company as it appears on the records of the Florida Department
of State is: Coasta / Cottage Home Furnishings UC.
2. The Florida document/registration number assigned to this limited liability company is:
L13000147692
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12 12 12
4. I, Low Fuller, hereby withdraw/resign as a (Print Name of Person Resigning)
MG 12 (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)