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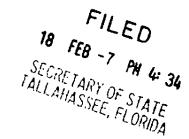
FEB 8 2018

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	FLORIDA COASTAL WINDO)WS, LLC		
	(Name of Limited Liability Company)			
The en	nclosed member, resignation or dissocia	tion and fee(:	s) are submitted for filing.	
Please	e return all correspondence concerning the	his matter to:		
HEN	RY O. CEPEDA			
	(Contact Person)			
FLO	RIDA COASTAL WINDOWS, LLC			
	(Firm/Company)		_	
5401	N. HAVERHILL RD. UNIT 126			
	(Address)		_	
WES	ST PALM BEACH, FL 33407			
	(City/State and Zip Code)		_	
For fu	irther information concerning this matte	r, please call:		
HEN	RY O. CEPEDA	561	305-7260	
	(Name of Contact Person)		& Daytime Telephone Number)	
	osed please find a check made payable to 5 Filing Fee		Department of State for: g Fee & Certified Copy	
	EET/COURIER ADDRESS:		MAILING ADDRESS:	
_	stration Section ion of Corporations		Registration Section Division of Corporations	
	on Building		P.O. Box 6327	
2661	Executive Center Circle hassee, Florida 32301		Tallahassee. Florida 32314	

CR2E079 (2/14)





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 it appears on the records of the Florida Department RIDA COASTAL WINDOWS, LLC
2. The Florida doc L1400005120	ument/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
CEODOE W	
MGR	
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Roydi Ub Signature of D	issociating Member or Resigning Manager
	\$25.00 (Required)
Ceranica Copy.	\$30.00 (Optional)