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TAFURETARY OF STATE

AUG 2 6 2015 T. HAMPTON

## COVER LETTER

TO:

CR2E079 (2/14)

Registration Section

Division of Corporations COASTAL PROPERTY MANAGEMENT & HOME WATCH SERVICE (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: Richard D. Krett (Contact Person) **COASTAL PROPERTY MANAGEMENT & HOME WA** (Firm/Company) 3 Miramar Road (Address) Stuart, FL 34996 (City/State and Zip Code) For further information concerning this matter, please call: Richard D. Krett (Name of Contact Person) (Area Code & Daytime Telephone Number) 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: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301



## 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)

		it appears on the records of the lagement & HOME WATCH		
2. The Florida docu L1500012121	•	signed to this limited liability co	ompany is:	
3. The date this me	mber/manager withdrew/resi	igned or will withdraw/resign is:	08/24/15	
4. I, Regina D. Yake  (Print Name of Person Resigning)		, hereby withdraw/resign as a		
Manager				
	(Print Title)			
of this limited lial resignation in wr		e limited liability company has t	peen notified of my	
2	4.1			
Signature of Di	ssociating Member or Resign	ning Manager	TALLAHAS	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		ARY OF STA	