L15000211412

(Requ	estor's Name)
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phor	 ne #)
PICK-UP	MAIT	MAIL
(Busin	ess Entity Na	ame)
(Доси	ment Numbe	7)
Certified Copies	Certificate	es of Status
Special Instructions to Fili	ng Officer:	
	J. HC	RNE
	NOV -	7 2023
	<u>-</u>	

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: EASTCOAST (Name of	f Limited Liability Company)
The enclosed member, resignation or dis	ssociation and fee(s) are submitted for filing.
Please return all correspondence concern	ning this matter to:
MiCHAEL LAMBER (Contact Person)	<u>+ </u>
EAST COAST (O) (Firm/Company)	LLC
8100 PARK BIVD N. (Address)	SLA43
Pinellas Park FL (City/State and Zip Code)	33781
For further information concerning this	matter, please call:
Michael Lambert (Name of Contact Person)	at (SUO) 18 1-8515 (Area Code & Daytime Telephone Number)
Enclosed please find a check made paya \$25 Filing Fee	ble to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section	Street Address: Registration Section

Division of Corporations
The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

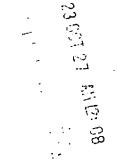
Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327



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:	Astroast Co. 1, LLC
2. The Florida docu	iment/registration number assigned to this limited liability company is:
3. The date this men	mber/manager withdrew/resigned or will withdraw/resign is: 10 1623
4. I,	hereby withdraw/resign as a me of Person Resigning)
Presibu	Print Title)
of this limited liab	oility company and affirm the limited liability company has been notified of my
resignation in wri	
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)