## 16000052076

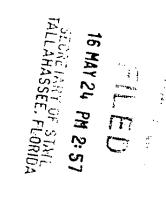
(Re	equestor's Name)			
(Address)				
(Ac	ldress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
		. <u></u>		

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## **COVER LETTER**

TO: Registration Section

CR2E079 (2/14)

Division of Corporations				
SUBJECT: COASTAL ELite Insurance Group, LLC (Name of Limited Liability Company)				
(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:				
BRADLEY J. WISC				
(Contact Person)				
COASTAL ELife Insurance Group (Firm/Company)				
(Firm/Company)				
4935 BARTLETT COVE				
(Address)				
INDEPENDENCE OH 4413/ (City/State and Zip Code)				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
(Name of Contact Person) at (440) 8400732 (Area Code & Daytime Telephone Number				
(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 \$\sum \\$55 Filing Fee & Certified Copy				
STREET/COURIER ADDRESS: Registration Section  MAILING ADDRESS: 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)

1. The name of the l	limited liability company as i	it appears on the records of the Florida	Department
of State is:Co	ASTAL ELITE IN:	surance Group, LLC	
	_	signed to this limited liability company	is:
# L16000	0052076	·•	
3. The date this men	nber/manager withdrew/resig	gned or will withdraw/resign is:	15/16
4. I, Rober	T SILER ame of Person Resigning)	, hereby withdraw/resign as a	16 MAY 24
	Frint Title)	SS. CE	_ <b>*</b>
A	Print Title)	بر 0.3	
of this limited liab resignation in writ	ility company and affirm the	e limited liability company has been	tified of my
x toler	J Silv		
Signature of Dis	sociating Member or Resign	ning Manager	
<b>—</b>	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		