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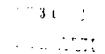
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M/25/19--01013--005 **\$5.00

2019 JAH 25 P 2 E2



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Trans Coast Investments, LLC
(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:
Ray L. Medina (Contact Person)
Trans Gast Investments, LLC (Firm/Company)
211 Durargo Rd 7 513
Destin FL 325'41 (City/State and Zip Code)
For further information concerning this matter, please call:
Ray L. Medina at (850) 428-4546 (Name of Contact Person) (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: \$\square\$ \$\frac{1}{2}\$\$ \$\f
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)



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			-	tment
	ment/registration number assig	gned to this limited lia	ability com	pany is:	
4.1. Diane (Print Na Mana	mber/manager withdrew/resign W. Medina ume of Person Resigning) 9er Print Title)	ed or will withdraw/r, hereby withdraw/	resign is: <u>1</u> resign as a	001/20	<u> </u>
of this limited liab resignation in writ	ility company and affirm the li	imited liability compa	iny has bee	n notified o	of my
-	sociating Member or Resignin \$25.00 (Required) \$30.00 (Optional)	g Manager	:	2019 JAH 25 F	
			:	ن نريا ست	