L16000 86189

| (Requestor's Name) | | |
|---|---|--|
| (Address) | _ | |
| (Address) | | |
| (City/State/Zip/Phone #) | — | |
| PICK-UP WAIT MAIL | | |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies Certificates of Status | _ | |
| Special Instructions to Filing Officer: | | |
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COVER LETTER

| TO: Registration Section Division of Corporations | 7 |
|---|--|
| Coast Homes, LLC | |
| SUBJECT: | mited Liability Company) |
| The enclosed member, resignation or dissoc | |
| The enclosed member, resignation of dissor | eration and recess are submitted for fining. |
| Please return all correspondence concerning | g this matter to: |
| Chris Ferguson | |
| (Contact Person) | |
| Coast Homes, LLC | |
| (Firm/Company) | |
| 75219 Fern Creek Drive | |
| (Address) | |
| Yulee, Florida 32097 | |
| (City/State and Zip Code) | |
| For further information concerning this mat | tter, please call: |
| Chris Ferguson | 904 759-0536 at () |
| (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 | S55 Filing Fee & Certified Copy |
| | |
| Mailing Address: | Street Address: |
| Registration Section | Registration Section |
| Division of Corporations | Division of Corporations |
| P.O. Box 6327 | The Centre of Tallahassee |
| Tallahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 |
| | Tallahassee, FL 32303 |

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)

| 1. The name of the limited liability company as | it appears on the records of the Florida Department |
|--|---|
| of State is: Coast Homes. LLC | - |
| 2. The Florida document/registration number as L16000086789 | signed to this limited liability company is: |
| 3. The date this member/manager withdrew/resi | gned or will withdraw/resign is: |
| 4. 1. Brian Patten (Print Name of Person Resigning) | , hereby withdraw/resign as a |
| MGR | |
| (Print Title) | |
| of this limited liability company and affirm the resignation in writing. | e limited liability company has been notified of my |
| My Math | 12/20/19 |
| Signature of Dissociating Member or Resign | ning Manager |

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee: Certified Copy: