## L16000114248

(Requestor's Name)
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(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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SECRETARY OF SIMILAR ALLAHASSEE, FLORIDA

AUG 0 9 2016 S. YOUNG

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Coastal Screen !  (Name of Limite	2 e pair, LL C ed Liability Company)
The enclosed member, resignation or dissociat	tion and fee(s) are submitted for filing.
Please return all correspondence concerning the	is matter to:
Josh Wallace (Contact Person)	
(Contact Person)	·
Coastal Screen Repair, (Firm/Company)	LLC
326 Jupiter Laher Blud (Address)	23040 6 B
Jupiter, FL 33458 (City/State and Zip Code)	<b>.</b>
For further information concerning this matter	, please call: 33
Name of Contact Person)	at (561) 339-0379 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for:  \$\square\$\$ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building

2661 Executive Center Circle

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	limited liability compa	ny as it ap	pears on the records of the	Florida Departmen	ıt
of State is:	Loustul Scri	een R	epair, LLC	······································	•
2. The Florida docu	ment/registration numl	per assigne	ed to this limited liability co	ompany is:	
L16000	114248				
3. The date this me	mber/manager withdrev	w/resigned	or will withdraw/resign is:	7-19-16	
			, hereby withdraw/resign as		
M6		······································			
of this limited lial resignation in wri		rm the lim	ited liability company has t	ਲੋ	/ FAE
				AUG -8	LAHASS
Signature of Di	ssociating Member or I	Resigning	Manager	PM 12: 33	THE STATE
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			33	