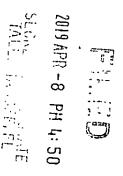
L16000 141964

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL MAIL
(Bu	usiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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	Office Use Onl	v



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R. WHITE APR 1 3 2019

COVER LETTER

Division of Corporations
SUBJECT: Cogstal Living Spa Group LCC Name of Limited Liability Company DOCUMENT NUMBER: L 16000 141 964
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Shannon Katz Name of Person
Coastal Living Spa 6 roup L/C Name of Firm Company
1906 12th Court Vero Beach, Ft. 32960 Address
Address
Vero Beach, FL 32960 City/State and Zip Code
E-mail address: (to be used for future amual report notification)
For further information concerning this matter, please call:
Shannon Kat E at (970) 366-7644 Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited

MAILING ADDRESS:

liability company.

TO: Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,	
Shannon Katz, hereby resigns a	ıs
Registered Agent for Coastal Living Spa Group LCC	Commander Compter
OBA: Bive waters Spat Sculpt Cheeny Face + Body Name of Limited Limitity Company	LOSIMUL LEPURA
L 16 000 141 964 Document Number, if known	
A copy of this resignation was mailed to the above listed limited liability company at its las	st known address.
The agency is terminated and the office discontinued on the 31st day after the date on which	th this statement is filed.
Signature of Resigning Agent	2019 APR
If signing on behalf of an entity:	PR -
Shanon Katz Typed or Printed Name Registered Agent Capacity	B PM 4: 50
FILING FEES: \$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ voluntarity diswithdrawn limited liability company	ssolved/
Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327	

Tallahassee, FL 32314

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