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2019 APR -8 PM 4:50
STATE OF FLORIDA
TALLAHASSEE, FL

R. WHITE
APR 13 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Coastal Living Spa Group LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L16000141964

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 Group LLC
Name of Firm/Company

1906 12th Court Vero Beach, FL 32960
Address

Vero Beach, FL 32960
City/State and Zip Code

bluewaterSSpa@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shannon Katz 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:
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 as
Name of Registered Agent

Registered Agent for Coastal Living Spa Group LLC

DBA: Bluewaters Spa + Sculpt, Cheery Face + Body Cosmetic Center
Name of Limited Liability Company

L16000141964
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

[Signature]
Signature of Resigning Agent

If signing on behalf of an entity:

Shannon Katz
Typed or Printed Name
Registered Agent
Capacity

FILED
2019 APR - 8 PM 4:50
STATE OF FLORIDA
CORPORATION DIVISION

FILING FEES:

- \$ 85.00 Active limited liability company
- \$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314