

L16000149398

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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*Designation*

JUL 14 2021  
ALBRITTON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Costa Custom Exteriors LLC  
Name of Limited Liability Company

Please return all correspondence concerning this matter to the following:

Jose' Carmona  
Name of Person

\_\_\_\_\_  
Firm/Company

2515 Wokulla Ave 32405  
Address

Paroma City FL  
City/State and Zip Code

JoseJcr06@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|--|

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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2021 JUL 14 AM 10:46  
TALLAHASSEE, FL

**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: Costa Custom Exteriors LLC

2. The Florida document/registration number assigned to this limited liability company is:

L16000149398

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 7/14/21

4. I, Carmona Robledo Jose' Manuel, hereby withdraw/resign as a  
(Print Name of Person Resigning)

JMR MGR  
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

JMR  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)