L16000720102

(Req	uestor's Name)			
(Add	ress)			
(Add	ress)			
(City	/State/Zip/Phone	· #)		
PICK-UP	☐ WAIT	MAIL		
(Bus	iness Entity Nam	ne)		
(Document Number)				
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August 31, 2020

OSCAR AYALA 1211 TECH BLVD, STE 118 TAMPA, FL 33619

SUBJECT: COASTAL WALL SYSTEMS OF FLORIDA, LLC

Ref. Number: L16000220102

We have received your document for COASTAL WALL SYSTEMS OF FLORIDA, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6842.

Letter Number: 520A00016713

Deborah Bruce Corporate Records Supervisor II

www.sunbiz.org

COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: Coastal Wall 5 (Name of Limited Lia)	ystems of Florida, LLC bility Company)
The enclosed member, resignation or dissociation a	nd fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to:
Oscar Ayala (Contact Person)	
(Contact Person)	
Coastal Wall Systems of Florid	a, LLC
1211 Tech Blvd, Svite 118	
(Address)	
Tampa, FL 33619 (City/State and Zip Code)	
For further information concerning this matter, plea	ase call:
Oscar Ayala at (Name of Contact Person) (A	813 , 408 - 3235 rea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the F ☐ \$25 Filing Fee ☐ \$25 St	Florida Department of State for: 55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

P.O. Box 6327

Tallahassee, FL 32314



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 recor	ds of the Florida De	partmen
of State is:	Coastal Wall Sy	stems of Flori	ida, LLC	
	ment/registration number as	ssigned to this limited l	iability company is:	
3. The date this me	mber/manager withdrew/res	igned or will withdraw	/resign is: 7 / 1	120
4.1. Patri (Print N	ck Tiesi ame of Person Resigning)	, hereby withdraw	resign as a	
VP, Sale	es and Marketing.			
of this limited lial resignation in wr	oility company and affirm thiting.	ne limited liability comp	oany has been notific	ed of my
5	Ferri	wina Managar		
Signature of Di	ssociating Member or Resig	ining Manager	20	Ø
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		N SEP 28 P 3	FILED