

LI8000027498

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

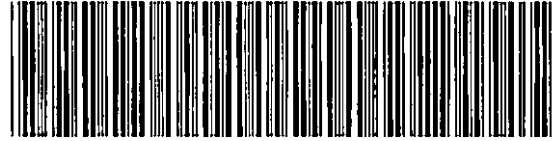
(Business Entity Name)

(Document Number)

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

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Office Use Only



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02/21/19--01022--015 \*\*25.00

FILED  
2019 MAR -8 AM 11:35  
CLERK OF COURT  
CLERK OF COURT

Resignation

MAR 11 2019

I ALBRITTON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Coastal Championship Wrestling, LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Rob Yakkey

(Contact Person)

(Firm/Company)

PO Box 4345

(Address)

Fort Lauderdale, FL 33338

(City/State and Zip Code)

For further information concerning this matter, please call:

Rob Yakkey

516 519-9999  
at ( )

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 26, 2019

ROB YAKKEY  
P.O. BOX 4345  
FORT LAUDERDALE, FL 33338

SUBJECT: COASTAL CHAMPIONSHIP WRESTLING LLC  
Ref. Number: L18000027498

We have received your document for COASTAL CHAMPIONSHIP WRESTLING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the resigning manger/member to reflect our records.

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) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 519A00004073



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED  
2019 MAR -8 AM 11:35  
SEALING UNIT  
TALLAHASSEE, FLORIDA

**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: Coastal Championship Wrestling LLC
2. The Florida document/registration number assigned to this limited liability company is:  
L18000027498
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 2/13/19
4. I, Robert Yakkey, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
MGR  
*(Print Title)*

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

  
Signature of Dissociating Member or Resigning Manager

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