

L18000087178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

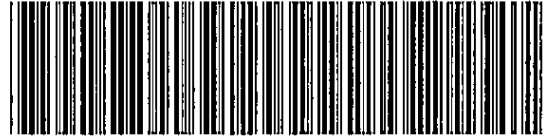
(Business Entity Name)

(Document Number)

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2021 APR 27 PM 4:13
TALLAHASSEE, FL

PAID

MAY 14 2021

I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Coastal Roofing Systems of Amelia LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L18000087178

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:

Austin B. Calhoun, Esq.

Name of Person

Jimerson Birr, P.A.

Name of Firm/Company

One Independent Drive, Suite 1400

Address

Jacksonville, FL 32202

City/State and Zip Code

alan@coastalroofs.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Austin B. Calhoun, Esq.

904

389-0050

at (

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



RECEIVED

2021 APR 27 PM 1:59

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 21, 2021

AUSTIN B. CALHOUN, ESQ.
JIMERSON BIRR, P.A.
ONE INDEPENDENT DRIVE - STE. 1400
JACKSONVILLE, FL 32202

SUBJECT: COASTAL ROOFING SYSTEMS OF AMELIA LLC
Ref. Number: L18000087178

We have received your document for COASTAL ROOFING SYSTEMS OF AMELIA LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a PROFIT CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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: 821A00003843

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Jimmerson & Cobb, PA

Name of Registered Agent

, hereby resigns as

Registered Agent for Coastal Roofing Systems of Amelia LLC

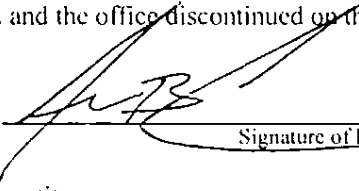
Name of Limited Liability Company

L18000087178

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 of Resigning Agent

If signing on behalf of an entity:

Austin B. Calhoun, Esq.

Typed or Printed Name

Partner

Capacity

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2021 APR 27 PM 4:13
TALLAHASSEE, FL
DEPT. OF STATE

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