## 

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Whils				





06/19/24--01008--008 \*\*25.00



## **COVER LETTER**

TO:	Registration Section			
	Division of Corporations			
SUBJ	JECT:COASTAL VIEW INVEST	TMENT, LLC.		
	(Name of Lir	nited Liability Company)		
The e	nclosed member, resignation or dissoc	siation and fee(s) are submitted for filing.		
Please	e return all correspondence concerning	this matter to:		
	VALERIA RODRIGUEZ			
	(Contact Person)			
	(Firm/Company)			
	3785 NE 168 STREET			
	(Address)			
	NORTH MIAMI BEACH, FL 33160			
	(City/State and Zip Code)			
For fi	urther information concerning this mat	ter, please call:		
VA	LERIA RODRIGUEZ	at ( 786 ) 208-6957		
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
		to the Florida Department of State for:		
<b>X</b> J <b>S</b> 2	5 Filing Fee	□ \$55 Filing Fee & Certified Copy		
	Mailing Address:	Street Address:		
	Registration Section	Registration Section		
	Division of Corporations	Division of Corporations		
	P.O. Box 6327	The Centre of Tallahassee		
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		



## 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 li	imited liability company as it a	ppears on the records of the	Florida Department
of State is:CC	DASTAL VIEW INVESTMEN	IT, LLC.	202 38. 7AL
2. The Florida docum L18000099720	nent/registration number assign	ned to this limited liability co	ompanyris 1
3. The date this mem	nber/manager withdrew/resigne	d or will withdraw/resign is:	4-22-24
4. I, VALERIA ROI	DRIGUEZ  ne of Person Resigning)	_, hereby withdraw/resign as	S a
MANAGER			
of this limited liabi resignation in writi			been notified of my
Signature of Diss	ogisting Member or Resigning	Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		