

418 000128783

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

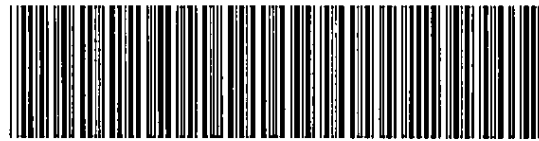
(Business Entity Name)

(Document Number)

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2019 OCT 18 PM 5:49
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Coeur D Alene Holding 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:

Gary S Carleton

(Contact Person)

(Firm/Company)

639 Arbor Lake Lane

(Address)

Tampa, FL 33602

(City/State and Zip Code)

For further information concerning this matter, please call:

Gary S Carleton

(Name of Contact Person)

941
at (_____) _____

681-1365
(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

STATEMENT OF RESIGNATION OF GARY S. CARLETON AS MANAGER FROM Coeur d Alene Holding LLC, A FLORIDA LIMITED LIABILITY COMPANY PURSUANT TO § 605.0216 (2), Florida Statutes:

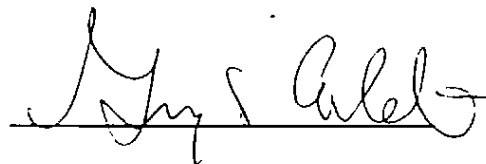
- (a) The name of the limited liability company is Coeur D Alene Holding LLC
- (b) The Florida Document/Registration Number is L18000128783
- (c) The name and signature of the resigning manager is : Gary S. Carleton, signature below.
- (c) The date the resigning manager resigned or will resign: October 17, 2019
- (d) I, Gary S. Carleton, affirm that the limited liability company has been notified of my resignation in writing by the service of a copy of this Statement of Resignation by Overnight Delivery on October 17, 2019 as follows:

DP Sales INC
12522 NW 10th Court
Sunrise, FL 33323

Kevin S. Brady
1111 E Sunrise Blvd Ste 714
Ft Lauderdale FL 33304

Gary S. Carleton
639 Arbor Lake Lane
Tampa, FL 33602
941-681-1365
Date: October 17, 2019

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Ss:

State of Florida, County of Pinellas

Before me the undersigned notary public did appear this date Gary S. Carleton, who did execute this document in my presence. Subscribed, sworn to, and acknowledged before me this 19 day of October, 2019.


Notary Public Commission Expires:

