118000 168345

(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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JUL 20 2019 S. YOUNG 19 JUL 11 PH 7:10

COVER LETTER

TO: Registration Section		
Division of Corporations		
SUBJECT: Coyote Custom LLC		
(Name of Lit	mited Liability Co	ompany)
The enclosed member, resignation or dissoc	ciation and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to	:
Ahitor Gaubeca		
(Contact Person)		_
Coyote Custom IIc		
(Firm/Company)	_	_
9889 s Orange blossom trail		
(Address)		
orlando fl 32837		
(City/State and Zip Code)		_
For further information concerning this mat	ter, please call	:
Ahitor Gaubeca	407 at (9254899
(Name of Contact Person)		e & Daytime Telephone Number)
Enclosed please find a check made payable ■ \$25 Filing Fee		Department of State for: g Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section Division of Corporations		Registration Section Division of Corporations
Clifton Building		P.O. Box 6327
2661 Executive Center Circle		Tallahassee, Florida 32314
Tallahassee, Florida 32301		•

CR2E079 (2/14)



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)

The name of the limited liability company as it of State is: Coyote Custom LLC	-
2. The Florida document/registration number assig L18000168345	gned to this limited liability company is:
3. The date this member/manager withdrew/resign	6/24/2019 ned or will withdraw/resign is:
4. l,	·
(Print Name of Person Resigning)	
Manager	
(Print Title)	
of this limited liability company and affirm the l resignation in writing.	imited liability company has been notified of my
Signature of Dissociating Member or Resignir	 ng Manager
	-5 ···

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: