

L 19000024064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

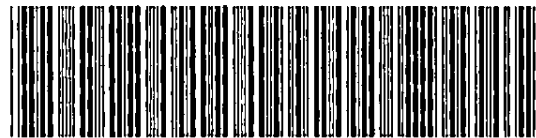
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300326361093

03/18/19--01007--007 **25.00

2019 MAR 18 P 4 26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

T. LEMMEUX

MAR 26 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Coastal Renovations Unlimited
(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:

William Donath III
(Contact Person)

Coastal Renovations Unlimited
(Firm/Company)

1490 4th avenue
(Address)

Vero Beach FL, 32960
(City/State and Zip Code)

For further information concerning this matter, please call:

William Donath at (772) 538-5363
(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

**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 Renovations Unlimited

2. The Florida document/registration number assigned to this limited liability company is:

L19000024064

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 3/13/19

4. I, William Donath III, hereby withdraw/resign as a
(Print Name of Person Resigning)

manager
(Print Title)

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

[Signature]
Signature of Dissociating Member or Resigning Manager

2019 MAR 18 P 4 26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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