419000175571

(Requestor's Name)
(Address)
(Address)
(12.1.2.2.)
(0) (0) (7) (0)
(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



500332703935

08/13/19--01026--014 | 4:25.00



Y SUI KER AUG 1621019

COYER LETTER.

7
ир, PLLC
npany)
s) are submitted for filing.
_

_
-
893.3775
& Daytime Telephone Number)
Department of State for: g Fee & Certified Copy
MAILING ADDRESS: Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301



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 limited liability company as it appears Coastal Architecture + Development Gr	·	
	locument/registration number assigned to t	this limited liability company is:	
3. The date this	member/manager withdrew/resigned or w	vill withdraw/resign is: 08.08.2019 eby withdraw/resign as a	
	(authorized person) (Print Title)		
of this limited resignation in	liability company and affirm the limited li		7.
Signature of	Dissociating Member or Resigning Mana		., .,
Filing Fee:	\$25.00 (Required)		

Certified Copy:

\$30.00 (Optional)