

L19000202786

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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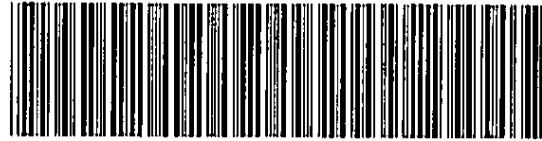
(Business Entity Name)

(Document Number)

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S. Y.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Coastal Employment Services, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cameron Gore

Name of Person

Coastal Employment Services, LLC

Firm/Company

2875 Ashton Road Unit 20623

Address

Sarasota, FL 34231

City/State and Zip Code

megan@coastalgroup.us

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Megan Wedig

507 202-9559
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing Fee ☒ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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If Changing Registered Agent, Signature of New Registered Agent


MGR = Manager
AMBR = Authorized Member

[illegible]

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 4/21 2021


Signature of a member

Signature of a member or authorized representative of a member

Gregory M. Arnold

Typed or printed name of signee

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