

L19 0000260147

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2021 JAN 25 PM 4:53  
SECRETARY OF STATE  
TALLAHASSEE, FL

3/8/21

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Coastal Auto Detailing, LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Ethan Burleson  
(Contact Person)

\_\_\_\_\_  
(Firm Company)

2230 Mango Tree Dr.  
(Address)

Edgewater, FL 32141  
(City/State and Zip Code)

For further information concerning this matter, please call:

Ethan Burleson at (384) 451-6708  
(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

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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2021 JAN 25 PM 4:53

SECRETARY OF STATE  
TALLAHASSEE, FL



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 Auto Detailing, LLC
2. The Florida document/registration number assigned to this limited liability company is:  
L19000260147
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11/17/2020
4. I, Daniel Pollitt, 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.

A large, bold, handwritten signature in black ink that reads "Daniel Pollitt". The signature is written over a horizontal line.

Signature of Dissociating Member or Resigning Manager

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