LZ0000073457

(Requestor's Name)				
(Ad	dress)			
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(Cit	ry/State/Zip/Phone	#)		
	,	MAIL		
(Bu	siness Entity Nam	e)		
(Document Number)				
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S. YOUNG

2623 DEC 1-7 MM 6: 50

COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: Coastline 29, LLC	
(Name	e of Limited Liability Company)
The enclosed member, resignation or	dissociation and fee(s) are submitted for filing.
Please return all correspondence conce	erning this matter to:
Katisha M Finney	<u></u>
(Contact Person)	
(Firm/Company)	
236 SW YULAN STREET	
(Address)	
FORT WHITE, FL 32038	
(City/State and Zip Code	=)
For further information concerning thi	is matter, please call:
Katisha M Finney	at (386) 292-0075
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made pa	yable to the Florida Department of State for:
•	
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations The Centre of Tallahassee
P.O. Box 6327 Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
1 ananassec, 1 L 32317	Tallahassee, FL 32303



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: Coa	stline 29, LLC		
2. The Florida docu	ment/registration number as	ssigned to this limited liab	ility company is:
	mber/manager withdrew/res	igned or will withdraw/res	sign is: <u>12/01/2</u> 020
4. I, Katisha M Fin	ney ame of Person Resigning)	, hereby withdraw/re	sign as a
Manager			
of this limited lial resignation in wri	4	· <u>}</u>	y has been notified of my
Signature of Di	ssociating Member or Resig	ning Manager	
	\$25.00 (Required) \$30.00 (Optional)		2923 DEC 17 AM