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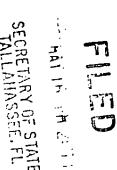
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
Q. SILAS			
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Office Use Only



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COVER LETTER

Coastal Labor Services LLC Name of Limited Liability Company DOCUMENT NUMBER: L20000187868 The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing. Please return all correspondence concerning this matter to the following: United States Corporation Agents, Inc. Name of Person Legalzoom.com, Inc. Name of Firm/Company 9900 Spectrum Dr. Address Austin, TX 78717 City/State and Zip Code raresignations@legalzoom.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Person

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANYS OF 2017

SECRETARY OF STATE TALLAHASSEE, FL

Pursuant to the provision	is of section 605.0115, Florida Statute	s, the undersigned,
United States Corporation Agents, Inc.		, hereby resigns as
	Name of Registered Agent	, J
Registered Agent for Co	pastal Labor Services LLC	
	Name of Limited Liability Comp	any
L20000187868		
Document Nu	mber, if known	
A copy of this resignation	on was mailed to the above listed limit	ed liability company at its last known address.
The agency is terminated	d and the office discontinued on the 3	Ist day after the date on which this statement is filed.
	Signature of Resignature	ening Agent
If signing on behalf of a	n entity:	
	Cheyenne Moseley	
	Typed or Printed Nar	ne
	Asst. Secretary for United States Co.	poration Agents, Inc.
	Capacity	

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314