L20000300094

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ddress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	10/9	3/3/3/4

Office Use Only



800374759798

10/12/21--01050--004 **85.00

FILED
2021 OCT 12 AM 6: 33
LEFCRELARY FOR THE COMMENT OF THE COMME

. <<

COVER LETTER

Registration Section Division of Corporations TO: SUBJECT: COASTAL OFFSETS LLC Name of Limited Liability Company DOCUMENT NUMBER: L20000300094 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:

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Name of Person

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 COMPANY

Pursuant to the provision	ons of section 605.0115. Florida Statutes, the under	rsigned.
United States Corporation Agents, Inc hereby Name of Registered Agent . hereby		, hereby resigns as
		, werea, verigue us
Registered Agent for	COASTAL OFFSETS LLC	
	Name of Limited Liability Company	·
L20000300094		
Document N	lumber, if known	
A copy of this resignat	ion was mailed to the above listed limited liability (company at its last known address.
The agency is terminate	ed and the office discontinued on the 31st day after Signature of Resigning Agent	r the date on which this statement is filed. SECRETARY SECRETARY SECRETARY
If signing on behalf of an entity:		1 12
Cheyenne Moseley		A
	Typed or Printed Name	, , , , , , , , , , , , , , , , , , , ,
	Asst. Secretary for United States Corporation Ag	ents, Inc.
	Capacity	33

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