

121000194954

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FEB 24 2022

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Coastal Provisions LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L21000194954

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:

Marcel Fleming
Name of Person

12457 Antler Hill Dr. N
Name of Firm/Company
Address

Jacksonville FL 32224
City/State and Zip Code

Solazojax@attlocal.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jaime Pena at (773) 507-1514
Name of Person Area Code Daytime Telephone Number

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,


Marisel Fleming hereby resigns as
Name of Registered Agent

Registered Agent for Coastal Provisions LLC
Name of Limited Liability Company

L21000194954
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.


Signature of Resigning Agent

If signing on behalf of an entity:

MARIEL FLEMING
Typed or Printed Name

Capacity

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SECRETARY OF STATE
TALLAHASSEE, FL

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| \$ 25.00 | Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company |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