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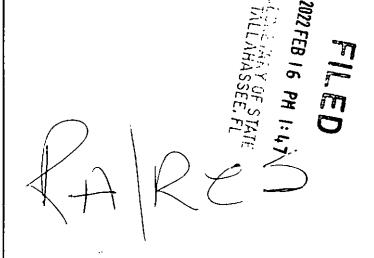
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Castal Provisions LLC Name of Limited Liability Company DOCUMENT NUMBER: LZ1000/94954
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:
Mariel Flemon
Name of Firm/Company
12457 Antler Hill Dr. N
Jacksanv.14 FL 32224 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Toim Rung at (773) 507-1514 Name of Person at (773) 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 Statute	es, the undersigned,		
_ Marie	(Fleming Same of Registered Agent	hereby resigns	as	
Registered Agent for	Coastal Provision	15 LLC		_ _
	Name of Limited Liability Comp	nany		 ;
L 21000191	1954			
Document Num	ber, if known			
A copy of this resignation	was mailed to the above listed limit	ted liability company at its la	ist known add	ress.
The agency is terminated	and the office discontinued on the 3	1st day after the date on whi	ch this statem	ent is filed.
-	Naw Musica Signature of Besi			
If signing on behalf of an	entity:		<u></u>	20
it signing on ochan or an	MAMIER FLEMI	· NCs	ALLA	2022 FEB 16
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FILING FEES:
\$ 85.00
\$ 25.00
Active limited liability company
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withdrawn limited liability company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