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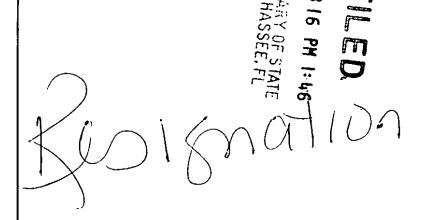
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## **COVER LETTER**

Division of Corporations		
SUBJECT: COASTAL WW.S.COS LLC (Name of Limited Liability Company)		
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to:		
Mariel Flemor 9		
(Firm Company)		
12457 Antler Hill Dr. N (Address)		
Jack Sanville FL 32224 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Jaime Peng at (773), 507-15/4  (Name of Contact Person) (Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for:  \$\sum_{25}\$ Filing Fee \$\sum_{555}\$ Filing Fee & Certified Copy		

TO: Registration Section

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





## 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: Oasta   Prov. S. Cons LLC
2. The Florida document/registration number assigned to this limited liability company is:
121000194954
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 17/18/202
4. I. Mariel Flem (10), hereby withdraw/resign as a (Print Name of Person Resigning)
MC712 (Monager).
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Mun Minum
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)