

L21000195173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

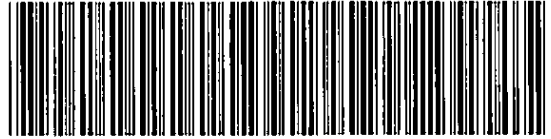
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 3 & S Coastal Services 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:

Stephen R Newlin
(Contact Person)

3 & S Coastal Services, LLC
(Firm/Company)

17408 Golf Blvd, Unit 1103
(Address)

Redington Shores, FL 33708
(City/State and Zip Code)

For further information concerning this matter, please call:

Stephen Newlin at (847) 471-1512
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

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: S&S Coastal Services LLC

2. The Florida document/registration number assigned to this limited liability company is:
L21000195173

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 3/18/2023

4. I, Sharon L Newlin, hereby withdraw/resign as a
(Print Name of Person Resigning)

member
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Sharon L Newlin
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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SECRETARY OF STATE
TALLAHASSEE, FL