421 000 430 250

(Re	questor's Name)
(Address)		
(Address)		
(Cit	y/State/Zip/Pho	ne #)
PICK-UP	WAIT	☐ MAIL
(Bu	siness Entity N	ame)
(Do	cument Numbe	er)
Certified Copies	_ Certificat	es of Status
Special Instructions to I	-iling Officer:	
	Office Use C)nlv



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2022 UCT -5 PH 2:5

COVER LETTER

•	on of Corp			
SUBJECT:	Coastal Pros	Pressure Washing LLC		
SUBJECT		(Name of Limit	ed Liability Con	npany)
The enclosed	member, r	esignation or dissocia	tion and fee(s	e) are submitted for filing.
Please return	all corresp	ondence concerning t	his matter to:	
Joshua DeWitt				
	(C	ontact Person)		
Coastal Pros Pro	essure Wash	ing LLC		
	(F	irm/Company)		_
5737 Danbury I	Blvd			
		(Address)		_
Pace, Florida 32	2571			
	(City	State and Zip Code)		_
For further in	formation	concerning this matte	r, please call:	
Joshua DeWitt			850 at (9103783
(Na	me of Con	act Person)	·	& Daytime Telephone Number)
Enclosed plea \$25 Filing		theck made payable to		Department of State for: 3 Fee & Certified Copy
Regis Divisi P.O. I	g Address: tration Section of Conf Box 6327 hassee, FL	porations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)



CR2E079 (2/14)





DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the lin	nited liability company as it appears on the records of the Florida Department
of State is: Coastal	Pros Pressure Washing LLC
2. The Florida docum L21000430250	nent/registration number assigned to this limited liability company is:
3. The date this memb	ber/manager withdrew/resigned or will withdraw/resign is:
4. I,	hereby withdraw/resign as a
(Print Nam	, hereby withdraw/resign as a
Manager	
(Pr	int Title)
resignation in writin	ity company and affirm the limited liability company has been notified of my ng ociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)