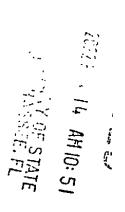


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11.14/2/--01018 -013 **25.



COVER LETTER

Registration Section Division of Corporations SUBJECT: Coastal Cat Cafe LLC Name of Limited Liability Company DOCUMENT NUMBER: L22000133215 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: United States Corporation Agents, Inc. Name of Person Legalzoom.com, Inc. Name of Firm/Company 9900 Spectrum Dr. Address Austin, TX 78717 City/State and Zip Code raresignations@legalzoom.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limit liability company.

MAILING ADDRESS:

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

INHS17 (2/14)

TO:

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 605.01	5, Florida Statutes, the under	signed,		
Name of Registered Agent		_ , hereby resigns as			
		marad, rangina as			
Registered Agent for	Coastal Cat Cafe I	LC			
 	Name of Lir	nited Liability Company		 -	•
L22000133215					
Document	Number, if known				
A copy of this resigna	tion was mailed to the	above listed limited liability o	company at its last known	address.	
The agency is termina	ited and the office disc	ontinued on the 31st day after	the date on which this sta	atement is	filed.
		Signature of Resigning Agent	<u></u>		
If signing on behalf of	fan entity:				
	Cheyenne Moseley			71	
		Typed or Printed Name	 :	32	
	Asst. Secretary for United States Corporation Agents, In-		ents, Inc.	:	• •
		Capacity		=	1
	FILINC \$ 85.00 \$ 25.00	FEES: Active limited liability con Administratively dissolved withdrawn limited liabilit	شرون شرون mpany d/ voluntarily dissolved/ ty company	14 AM ID: 51	O

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314