L23000034020

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

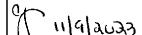




800417866358

1001.021--01311--025 **25.00





COVER LETTER

SUBJECT: Coastal Sunset	e of Limited Liability	Company
DOCUMENT NUMBER: L23000034	-	
The enclosed Resignation of Registered for filing.	Agent for a Limited	I Liability Company and fee are submitted
Please return all correspondence concern	ning this matter to t	ne following:
United States Corporation Agents, Ir	nc.	
Name of Person		-
Legalzoom.com, Inc.		
Name of Firm/Company	y	•
9900 Spectrum Dr.		
Address		-
Austin, TX 78717		
City/State and Zip Code	2	
raresignations@legalzoom.com		
E-mail address: (to be used for future annua	al report notification)	
For further information concerning this r	natter, please call:	
	800	773-0888 Daytime Telephone Number
Name of Person	Area Code	Daytime Telephone Number

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ns of section 605.0115. Florida Statutes, the unders	signed,
United States Corp	hereby resigns as	
Name of Registered Agent		nereby resigns as
Registered Agent for C	oastal Sunset Consulting LLC	
	Name of Limited Liability Company	,
L23000034020		
Document No	imber, if known	
A copy of this resignation	on was mailed to the above listed limited liability of	ompany at its last known address.
The agency is terminate	d and the office discontinued on the 31st day after	the date on which this statement is filed.
	Signature of Resigning Agent	
If signing on behalf of a		2023 OCT 31
	Cheyenne Moseley	
	Typed or Printed Name	<u>ω</u>
	Asst. Secretary for United States Corporation Age	nts, Inc.
	Capacity	17:57

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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

Make checks payable to Florida Department of State and mail to: