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MA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

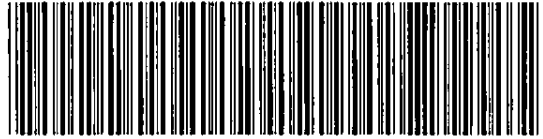
(Business Entity Name)

(Document Number)

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2024 APR 15 PM 3:40

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Coast Wholesale, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Itta Collins

\_\_\_\_\_  
Name of Person

Coast Wholesale, LLC

\_\_\_\_\_  
Firm/Company

2303 NE 29th Ter, Ste 102

\_\_\_\_\_  
Address

Ocala, FL 34470

\_\_\_\_\_  
City/State and Zip Code

accounting@coastbrothers.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Itta Collins

\_\_\_\_\_  
Name of Person

at ( 973 ) 879-0166  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**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

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[illegible]