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SECRETARY DE STAL

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Coastal Mechanical Serv	ices, LLC Liability Company)
(2.14.11.0.01.23.11.11.00	2.mo.n.y
The enclosed member, managing member or ma filing.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning thi	s matter to:
Robb Morrison	
(Contact Person)	
Coastal Mechanical Services, LLC	
(Firm/Company)	
394 East Drive	
(Address)	
Melbourne, FL 32904	
(City/State and Zip Code)	.
For further information concerning this matter,	please call:
Robb Morrison a	t 321 725-3061
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t	he Florida Department of State for:
✓ \$25 Filing Fee	\$55 Filing Fee &
<u></u> -	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	ted liability company as in Mechanical Serv		of the Florida Department
2. This limited liability Florida	company was organized	under the laws of:	
3. The Florida documer L990000244	t/registration number of	this limited liability con	npany is:
_{4. I,} Kimberly A Br	own	, hereby resign as a	Manager Member (Print Title)
(Print Name (of Person Resigning)		(Print Title)
of this limited liability resignation in writing	• •	e limited liability compar	ny has been notified of my
1 Cruberly	Sam		
Signature of Resignin	g Member, Managing M	ember or Manager	
Filing Fee: \$ Certified Copy: \$	25.00 (Required) 30.00 (Optional)		SECR TALLA