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SECRETARY OF STATE
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COVER LETTER

_	stration Section sion of Corporations		
SUBJECT:	Coastal Mechanical Services	s, LLC	
	(Name of Limi	ted Liability Co	тралу)
The enclosed	d member, resignation or dissocia	ition and fee(s) are submitted for filing.
Please return	all correspondence concerning t	his matter to	
Matt Girder	1		
	(Contact Person)		
Venture Ma	anagement Group, Inc		
<u> </u>	(Firm/Company)		-
110 East D	rive		
	(Address)		_
MELBOUR	NE, FL 32904		
	(City/State and Zip Code)		
For further in	formation concerning this matter	r, please call:	
Matt Girden	ı	321	541-1343
(Na	ame of Contact Person)	(Area Code	e & Daytime Telephone Number)
Enclosed plea \$25 Filing	ase find a check made payable to Fee		Department of State for: g Fee & Certified Copy
Registration S Division of C Clifton Build	Corporations ing ve Center Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department	
of State is:	
2. The Florida document/registration number assigned to this limited liability company is: L99000002443	
3. The date this member/manager withdrew/resigned or will withdraw/resign is:	
4. I, Paul J. Goodwin, III hereby withdraw/resign as a	
(Print Name of Person Resigning) Manager	
of this limited liability company and affirm the limited liability company has been notified of my	rin.
resignation in writing.	ne e
Signature of Dissociating Member or Resigning Manager	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	