

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

L9900002443

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To: Division of Corporations  
 Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM  
 Account Number : FCA00000023  
 Phone : (614)280-3338  
 Fax Number : (954)208-0845

SECRETARY OF STATE  
 PAUL W. HARGREAVES, FLORIDA

2021 APR 28 AM 9:03

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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 COASTAL MECHANICAL SERVICES, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

MAY - 6 2021

M. SOLOMONS



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: Coastal Mechanical Services, LLC

2. The Florida document/registration number assigned to this limited liability company  
L99000002443

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 4/28/2021

4. I, Jeffrey Geiger, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

Manager  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature]  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

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TALLAHASSEE, FLORIDA

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