M0400001173

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SEURE JARY OF STATE
ALLAHASSEE, FIRM

COVER LETTER

	egistration Section vision of Corporations	•	
SUBJECT:	Coastline Mortgage, LLC		
	(Name of Foreign Limited Liability Com	pany)	
Dear Sir or M	Madam:		
The enclosed	ed withdrawal and fee(s) are submitted for filing.	•	
Please return	n all correspondence concerning this matter to the following:	,	
Scott McF			
	(Name of Person)		
Coastline	e Mortgage, LLC		
	(Firm/Company)		
1 Perimet	eter Park South Suite 130-S		
	(Address)		
Birmingha	nam, Al 35243		
	(City/State and Zip Code)	•	
For further in	information concerning this matter, please call:		
Scott McF	Fadden at (205) 98	6-4220	
	(Name of Person) (Area Code & Dayt	ime Telephone Number)	
Regis Divis Clifto 2661 Talla	gistration Section Registration vision of Corporations Division of from Building P.O. Box 63 Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a	a check for the following amount:		
□ \$25 Filing	Certificate of Status Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

Coastline Mortgage, LLC
(Name of limited liability company)
State of Alabama
(Jurisdiction of its organization)
M0400001173
(Florida Document Number)
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.
This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.
1 Perimeter Park South Suite 130-S
(Mailing address)
Birmingham, AL 35243
(City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
Signature of member or authorized representative of a member)
Scott McFadden
(Typed or printed name of signee)
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ARE SAN

Filing Fee: \$25.00