

M15000009208

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

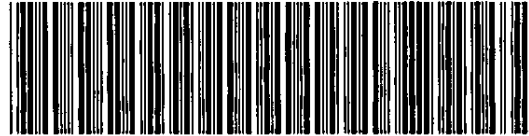
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600281626616

04/14/16--01014--021 \*\*25.00

FILED

2016 APR 14 PM 2:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
APR 15

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** COAST RIDGE LLC  
\_\_\_\_\_  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sherry Peverini

\_\_\_\_\_  
(Name of Person)

COAST RIDGE LLC

\_\_\_\_\_  
(Firm/Company)

10 Harris Court, Suite B-1

\_\_\_\_\_  
(Address)

Monterey, CA 93940

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

For further information concerning this matter, please call:

Sherry Peverini

\_\_\_\_\_  
(Name of Person)

at ( 831 ) 649-0220  
\_\_\_\_\_  
(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee      ☐ \$30 Filing Fee &  
Certificate of Status      ☐ \$55 Filing Fee &  
Certified Copy      ☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

FILED  
2016 APR 14 PM 2:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

COAST RIDGE LLC

\_\_\_\_\_  
(Name of limited liability company)

DELAWARE

\_\_\_\_\_  
(Jurisdiction of its organization)

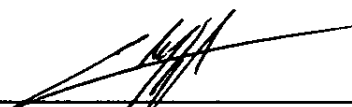
November 13, 2015

\_\_\_\_\_  
(Date registered with Florida Department of State)

M15000009208

\_\_\_\_\_  
(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

  
\_\_\_\_\_  
(Signature of authorized representative)

Chad A. Hagle

\_\_\_\_\_  
(Typed or printed name of signee)

**Filing Fee: \$25.00**