

M18000005666

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

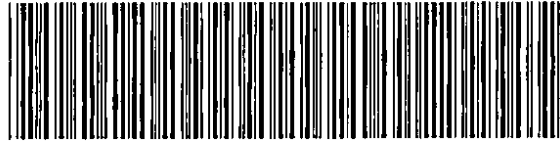
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900338129769

FILED

2018 DEC 17 AM 10:45

CLERK OF COURT
TALLAHASSEE, FLORIDA

19 DEC 17 8:46:50

K. SALY
DEC 18 2019

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 12/17/2019

Acc#I20160000072

en: c DW

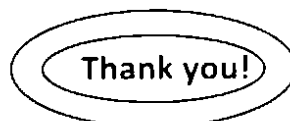
Name:	GULF COAST INSULATION LLC
Document #:	
Order #:	12484750

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<input type="checkbox"/>			
	<input type="checkbox"/>			
Apostille/Notarial Certification:	<input type="checkbox"/>		Country of Destination:	
			Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 55.00



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gulf Coast Insulation, LLC

(Name of Limited Liability Company)

DOCUMENT NUMBER: M18000005666

The enclosed *Resolution of the members, managers, or other authorized persons to Withdraw the Alternate name for use in Florida* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Debra G Appel, Corporate Paralegal

(Name of Contact Person)

Kegler, Brown, Hill & Ritter Co., L.P.A.

(Firm/Company)

65 East State Street, Suite 1800

(Address)

Columbus, OH 43215

(City/State and Zip Code)

For further information concerning this matter, please call:

Debra G Appel, Corporate Paralegal

at (614) 255-5500

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☒ \$55.00 Filing Fee &
Certified Copy
(Additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is enclosed)

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**RESOLUTION TO WITHDRAW
ALTERNATE NAME IN THE STATE OF
FLORIDA PURSUANT TO
605.0906 (1), FLORIDA STATUTES**

FILED
2019 DEC 17 AM 10:45
TALLAHASSEE, FLORIDA

I, the undersigned, do hereby certify that I am the Authorized Person of

Gulf Coast Insulation, LLC

, a limited liability

(Name of Limited Liability Company)

company duly organized and existing under the laws of Delaware

(State or Country of Organization)

Because the name of this foreign limited liability company now satisfies the requirements of s. 605.0112, Florida Statutes, the limited liability company hereby renounces the following alternate name in the state of Florida:

Gulf Coast Insulation of Florida, LLC

(Alternate Name Renounced in State of Florida)

X 

Signature of Authorized Person

12/17/2019

Date

Make check payable to Florida Department of State and mail to:

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