PO4000014353

(Re	questor's Name)	
(Ad	dress)	
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	10	(0
(Cit	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
	, HORNE	·
J. HORNE JUL 12 2024		
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06/12/24--01016--001 **87.50



COVER LETTER

TO: Amendment Section Division of Corporations			
Heather Cove Condo			
SUBJECT:	(Name of	Corporat	ion)
DOCUMENT NUMBER: N15244			
The enclosed Resignation of Registered /	Agent for:	a Corpor	ation and fee are submitted for filing.
Please return all correspondence concerni	ing this m	atter to th	ne following:
Heather Poirier			
(Name of Person)			
(Name of Firm/Company			
5557 Sea Forest Drive #214	, ,		
(Address)			•
New Port Richey, FL 34652			
(City/State and Zip Code	:)		
For further information concerning this m	iatter, plea	ase call:	
MaryAnn Syraski	72 at (27	859-9734)
(Name of Person)	ar \	Area Code	& Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

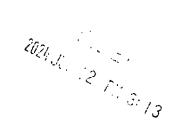
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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

RESIGNATION OF REGISTERED AGENT

FOR A CORPORATION



Pursuant to the provisions of section	ons 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned.	Maryann Syraski
Thomas made and and an arrange of	(Name of Registered Agent)
hereby resigns as Registered Agent	Coastal Mgmt
	(Name of Corporation)
P04000064353	
(Document Number, if known)	
A copy of this resignation was mai	iled to the above listed corporation at its last known address.
The agency is terminated and the o	office discontinued on the 31st day after the date on which
this statement is filed.	
- :	(Signature of Resigning Agent)
\	
If signing on behalf of an entity:	
MaryAnn Syraski	
· · · · · · · · · · · · · · · · · · ·	(Typed or Printed Name)
	**

Fee for filing this document:

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

(Capacity)