P20000028145

(Requestor's Name)					
(Address)					
(Address)					
(1001033)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
(Execument Namber)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
Ţ					





500398079905

NOV 28 2022

- 11, 12 - 12, 14 - CD (15 James 17) A# - 15, -

SECKLI LL SES FATE TALL/LASSEELFL

ch 2/18/2023

COVER LETTER

SUBJECT:	stal Florida Home Realty In		
		(Name of Corp	ooration)
DOCUMENT	NUMBER: <u>P2000002814</u>	5	
The enclosed F	Resignation of Register	ed Agent for a Co	rporation and fee are submitted for filing
Please return a	ll correspondence conc	eming this matter	to the following:
MARIAH ESTER	RS-RIMMER		
	(Name of Person)	 -
LEGALCORP SO	DLUTIONS, LLC		
	(Name of Firm/Comp	oany)	·
3 Greenway Plaza	a Ste 1320		
	(Address)		
Houston, TX 770	46		
	(City/State and Zip C	Code)	
For further info	ormation concerning thi	s matter, please c	all:
MARIAH ESTER	RS-RIMMER	888 at (534-3018
·	(Name of Person)	(Area C	534-3018) Code & Daytime Telephone Number)

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 sect	ons 607.0503(2), 617.0502(2), 607.150	19, or 617.1509,
Florida Statutes, the undersigned,	LEGALCORP SOLUTIONS, LLC	
	(Name of Registered Ag	zent)
hereby resigns as Registered Age	Coastal Florida Home Realty Inc.	
nereby resigns as Registered Age.	n)	
P20000028145		
(Document Number, if known)	.	
A copy of this resignation was ma	illed to the above listed corporation at i	ts last known address.
The agency is terminated and the this statement is filed.	office discontinued on the 31st day afte	
	(Signature of Resigning Agent)	
If signing on behalf of an entity:		2022 NOV 28 SECTALLATA
Travis Crabtree		(f) rea
	(Typed or Printed Name)	AM 10: 02
		FE 0
Member		mi />
	(Capacity)	

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withdrawn corporation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