(Address)  (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:	.1			
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)	_		
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)	_		
PICK-UP   WAIT   MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)			
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(City/State/Zip/Phone #)	_		
(Document Number)  Certified Copies Certificates of Status	PICK-UP WAIT MAIL			
Certified Copies Certificates of Status	(Business Entity Name)	_		
	(Document Number)			
Special Instructions to Filing Officer:	Certified Copies Certificates of Status			
	Special Instructions to Filing Officer:			

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SIGRETARY OF STATE
TALLAHASSEE. FLORIDA
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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Coconut Doctor, Inc.
(Name of Corporation)
DOCUMENT NUMBER: P03000092175
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filin
Please return all correspondence concerning this matter to the following:
Martin S. Volland
(Name of Person)
Coconut Doctor, Inc.
(Name of Firm/Company)
P.O. box 372283
(Address)
Key Largo, FL 33037
(City/State and Zip Code)
For further information concerning this matter, please call:
Aimee C. Volland at (305) 451-1900 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Michael Klopp	hereby resign as Director			
"		(Title)		
of Coconut Doctor Inc.				
(Name of Co	rporation)			
P03000092175 , a component Number, if known)	corporation organized under the laws of	the State of		
Florida				
		TA S		
(Signatu	ure of resigning officer/director)	PALLAHA		
		ASSER 1-3		
		FE ST		
		D H 2: 49 F STATE FLORIDA		

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

FILING FEE IS \$35.00

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