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## TRANSMITTAL LETTER

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**TO:** Amendment Section Division of Corporations

SUBJECT: Narconon Suncoa	st, Inc
obblic it	(Name of Corporation)
DOCUMENT NUMBER:	
The enclosed Officer/Director Resig	gnation for a Corporation and fee are submitted for filing
Please return all correspondence cor	ncerning this matter to the following:
Cathy Steiner	
(Name of Person	on)
	•
(Name of Firm/Co	mpany)
35059 Bend Rd	
(Address)	
Denham Springs, La 70706	5
(City/State and Zip	Code)
For further information concerning t	this matter, please call:
Cathy Steiner	at (225 931-5797 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made	e payable to the Florida Department of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

		To less
Cathy Steiner	President President	<b>*</b>
	(Tit	de)
Narconon Suncoast, Inc		2
(Noma of Com	poration) orporation organized under the laws of the	State of
Florida .		

FILING FEE IS \$35.00

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

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