

632136

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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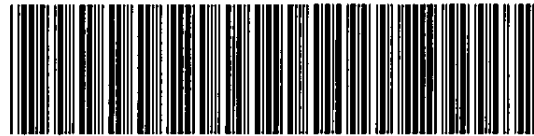
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

JUL 06 2006

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GOLD COAST CASUAL LIVING, INC.
(Name of Corporation)

DOCUMENT NUMBER: 632136

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL SCOPINICH
(Name of Person)

GOLD COAST CASUAL LIVING, INC.
(Name of Firm/Company)

1445 SO. 30th AVE
(Address)

HOOLYWOOD, FL 33020
(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL SCOPINICH at (954) 927-7997
(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

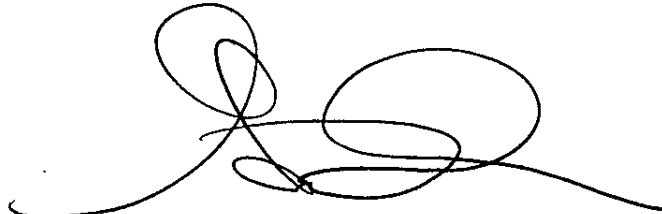
Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, GAIL SCOPINICH, hereby resign as SECY / TREAS.
(Title)

of GOLD COAST CASUAR LIVING, INC.
(Name of Corporation)

_____, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA


(Signature of resigning officer/director)

FILED
06 MAY 30 PM 12:34
SECRETARY OF STATE
TALLAHASSEE 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