

NO9000010264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

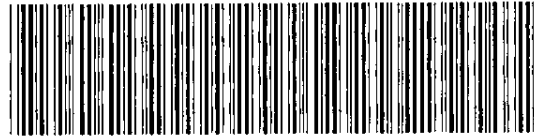
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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12/03/10--01004--003 \*\*35.00

*Resignation  
to Officer*

RECEIVED  
10 DEC -3 AM 8:55  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
10 DEC -3 AM 8:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*12/3/10*

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Coastal Rehabilitation and Treatment Services, Inc.

(Name of Corporation)

**DOCUMENT NUMBER:** NO9000010264

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

Please return all correspondence concerning this matter to the following:

Anne Morgan

(Name of Person)

Coastal Rehabilitation and Treatment Services, Inc.

(Name of Firm/Company)

114 Apalachee Street

(Address)

Carrabelle, Florida 32322

(City/State and Zip Code)

For further information concerning this matter, please call:

Anne Morgan

(Name of Person)

at ( 850 ) 566-0037

(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**

**FILED**

**10 DEC -3 AM 8:59**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

I, Reba Braswell, hereby resign as Board Member  
(Title)

of Coastal Rehabilitation and Treatment Services, Incorporated  
(Name of Corporation)

NO9000010264, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

Reba Braswell  
(Signature of resigning officer/director)

**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