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(Requestor's Name)		
(Address)		
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(Address)		
(City/S	tate/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
(Busin	ess Entity Nam	ne)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filir	ng Officer:	





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OK/200 Fish 3/21/26

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: COHAGE Thowers, INC (Name of Corporation)
DOCUMENT NUMBER: CRIENTY DIRECTOR OFFICIER RESIGNATION
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Louis P. THOMAS (Name of Person)
(Name of Firm/Company)
P.O. BOX 906 (Address)
PALMetto, Th. 34220 (City/State and Zip Code)
For further information concerning this matter, please call:
Name of Person) at (941) 722-0213- (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 SEE, FLORIDA

of Cottage Thomas, hereby resign as Director / If (Title)

of Cottage Thomas Tyc.

(Name of Corporation)

(Name of Corporation)

(Document Number, if known)

Thomas hereby resign as Director / If (Title)

(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