## Po100015205

| (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: |
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## **COVER LETTER**

| SUBJECT: Coastal Welding + Ironworks Inc. (Name of Corporation)                               |
|---|
| Oct No. 20100000000000000000000000000000000000  |
| DOCUMENT NUMBER: REF. No. PO1000015205  |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following:                     |
| MARIA DEMARTINO (Name of Person)  |
| (Name of Person)  |
| (Name of Firm/Company)  |
| (Name of Firm/Company)  |
| 10 Tiger Lily Lane (Address)  |
| Ithaca, New York 14850<br>(City/State and Zip Code)   |
| For further information concerning this matter, please call:                                  |
| MACIA DEMACTINO at (386) 931-3607 (Name of Person) (Area Code & Daytime Telephone Number)     |
| Enclosed is a check for \$35.00 made payable to the Florida Department of State.              |

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327

Tallahassee, FL 32314

CR2E044(08/05)

Street Address:
Amendment Section
Division of Corporations
Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| of Cuastal    | Welling (Nam                | + Propure of Corporation) | orks f En         | <u></u>                |
|---------------|-----------------------------|---------------------------|-------------------|------------------------|
| <i>Po1000</i> | 015205<br>Number, if known) | , a corporation or        | ganized under the | e laws of the State of |
| Florida       |                             | ·                         |                   |                        |
|               |                             |                           |                   |                        |
|               |                             |                           |                   | 51.                    |

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