P01000048580							
(Requestor's Name) (Address) (Address)	900156392319						
(City/State/Zip/Phone #)	05/29/0901014003 **35.00						
Certified Copies Certificates of Status	Off Resign FLORIDA Thewins 6-1-09						

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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

SUBJECT:	COULTI	GAVE	GROUP	Of	COMPANIES	, INC.
	(Name of Corporation)					
DOCUMENT	NUMBER:	PD	10000.	4858	30	

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

Please return all correspondence concerning this matter to the following:

LISA-GAYE COULTON (Name of Person)

(Name of Firm/Company)

P.O. BOX 121 (Address)

LOXAMATCHEE, E 33470 (City/State and Zip Code)

For further information concerning this matter, please call:

LISA - GAYE COULTOW at (561) 574 - 5724-(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

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	OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION JECRETARY OF STALLAHASSEE, FLOP	
I,	LISA - GAYE COULTON, hereby resign as DIRECTOR (Title)	
of	COULTIGATE GROUP OF COMPANIES, INC. (Name of Corporation)	
<u> </u>	$\frac{90100048580}{(\text{Document Number, if known)}}$ , a corporation organized under the laws of the State of	
	FLORIDA.	

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