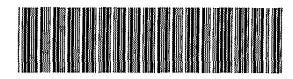
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(Re	questor's Name)		-
(Ad	dress)		-
(Ad	dress)		-
(Cit	y/State/Zip/Phone	#)	-
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nam	e)	-
(Do	cument Number)		-
Certified Copies	Certificates	of Status	
Special Instructions to I	Eiling Officer		1
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Office Use Only



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TRANSMITTAL LETTER

SUBJECT: COSLEW MANUFACTUR	RING, INC.
	(Name of Corporation)
DOCUMENT NUMBER: P0100006	6985
The enclosed Officer/Director Resignation	n for a Corporation and fee are submitted for filing.
Please return all correspondence concerning	ng this matter to the following:
JOSHUA LEWIS	
(Name of Person)	• •
COSLEW MANUFACTURING, INC.	
(Name of Firm/Company	-
440 PLUMOSA AVENUE	
(Address)	
CASSELBERRY, FL 32707	
(City/State and Zip Code	
For further information concerning this ma	atter, please call:
JOSHUA LEWIS	at (407) 265-8842
(Name of Person)	at (407) 265-8842 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payal	ble to the Florida Department of State.
Amendment Section Ame Division of Corporations Divis P.O. Box 6327 409 1	et Address: ndment Section sion of Corporations E. Gaines Street hassee, FL 32399

Amendment Section Division of Corporations

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



I. PHILLIP COSTA	, hereby resign as DIRECTOR
	(Title)
of COSLEW MANUFACTURING	S, INC.
(Name	of Corporation)
P01000066985	, a corporation organized under the laws of the State of
(Document Number, if known)	
FLORIDA	
	And the second of the second o

FILING FEE IS \$35.00

(Signature of regigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314