P0200053321

(Requestor's Name)
(Address)
(Address)
(City (Charles G) - (D) - and 40
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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C. LEWIS

MAY 5 2014

EXAMINER

TRANSMITTAL LETTER

Division of Corporations
SUBJECT: Coastland Walls, Inc.
(Name of Corporation)
DOCUMENT NUMBER: P02000053321
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Patricia Passos
(Name of Person)
Coastland Walls, Inc.
(Name of Firm/Company)
1403 Xelda Ave S
(Address)
Lehigh Acres, FL 33976
(City/State and Zip Code)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

For further information concerning this matter, please call:

(Name of Person)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Patricia Passos

TO:

Amendment Section

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

(Area Code & Daytime Telephone Number)

APPROVE! AND FILED

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

14 APR 25 AM 10: 35

SECRETARY OF STATE FALL AHASSEE, FLORIDA

Alfredo Silva Sancl	hez , hereby resign as President
	(Title)
_f Coastland Walls, Ir	nc
	e of Corporation)
P02000053321 (Document Number, if known)	, a corporation organized under the laws of the State of
Florida	

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
Tallahassec, Florida 32314