

PO2000053321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

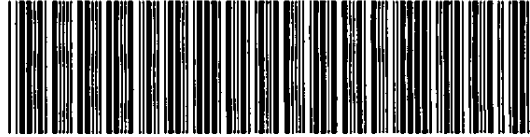
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATE FILINGS

OCT 7 2015

C LEWIS

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
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:

**ALFREDO SILVA PEREZ**  
(Name of Person)

**COASTLAND WALLS, INC.**  
(Name of Firm/Company)

**5451 LEE ST UNIT #3**  
(Address)

**LEHIGH ACRES, FL 33971**  
(City/State and Zip Code)

For further information concerning this matter, please call:

**ALFREDO SILVA PEREZ** at **(239) 878-0079**  
(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  
P.O. Box 6327  
Tallahassee, FL 32314

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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

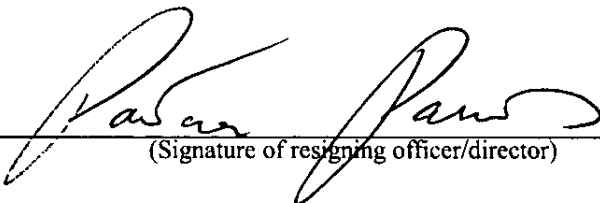
15 OCT -5 AM 8:17

I, PATRICIA PASSOS, hereby resign as DIRECTOR  
(Title)

of COASTLAND WALLS INC  
(Name of Corporation)

P02000053321, a corporation organized under the laws of the State of  
(Document Number, if known)

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