10200084102

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: COORDINATOR SERVICES, NC. (Name of Corporation) DOCUMENT NUMBER: PO20 000 8410 2
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
LLOYD V. NASTASE (Name of Person) COORDINATOR SERVICES, INC (Name of Firm/Company) 722 RIVERSIDE DRIVE (Address) CORAL SPRINGS FL. 3307/ (City/State and Zip Code)
(City/State and Zip Code) For further information concerning this matter, please call:
LLOYD NASTASE at (954) 856-818/ (Name of Person) at (954) 856-818/ (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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

TALLAHASSEE, FLORIDA

I, ELAINE KIRKWOOD, hereby resign as DIRECTOR
(Title)

Of COORDINATOR SERVICES, NC.,
(Name of Corporation)

PO200084102, a corporation organized under the laws of the State of
(Document Number, if known)

(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