## P03000104574

(Re	questor's Name)		
(Ad	dress)		
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(Cit	y/State/Zip/Phone	e #)	
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Resign

## **COVER LETTER**

SUBJECT:_	GULF COATINGS, INC.  (Name of Corporation)
DOCUMEN	T NUMBER: P03000104574
	Resignation of Registered Agent for a Corporation and fee are submitted for filing.
	all correspondence concerning this matter to the following:
Elizabeth (	
	(Name of Person)
The Robbin	ns Law Firm, P.A., n/k/a Lynch & Robbins,
	(Name of Firm/Company)
2639 Dr. M	ILK Jr. St. No.
	(Address)
St. Petersb	urg, FL 33704
	(City/State and Zip Code)
For further in	formation concerning this matter, please call:
Elizabeth O	stman at ( 727 ) 822-8696
	stman at ( 727 ) 822-8696 (Name of Person) (Area Code & Daytime Telephone Number)

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

## LYNCH & ROBBINS PA ATTORNEYS

March 16, 2011

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

RE:

Resignation as Registered Agent

Gulf Coatings, Inc.

To Whom It May Concern:

Enclosed is this firm's check number 16093 in the amount of \$35.00 and your cover letter and signed Resignation of Registered Agent for a Corporation form.

If you have any questions, please contact this office.

Sincerely,

Mary Jo Kameka, FRP

Paralegal for the Firm

/mjk

Enclosure (check)

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned,Th	e Robbins Law Firm, P.A., n/k/a Lynch & Robbin (Name of Registered Agent)	<u> </u>	
hereby resigns as Registered Agent for	Gulf Coatings, Inc.	,	
P03000104574	(Name of Corporation)		
(Document Number, if known)			
A copy of this resignation was mailed to	the above listed corporation at its last known addres	s.	
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the date on which		
(Sig	nature of Resigning Agent)		
If signing on behalf of an entity:			. 2575
Elizabeth Ostman		11 MJR	ኌ
(	Typed or Printed Name)	: ±0	Pri
Registered Agent	SET		
	(Capacity)	28 B	-A-1

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314