

P03000122995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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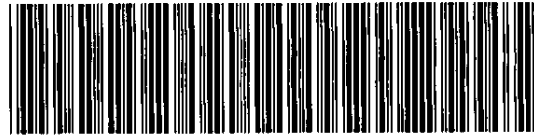
(Business Entity Name)

(Document Number)

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DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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08 JUL 11 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

873 Resign

Q. Goulette JUL 11 2008

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CAPITAL CITY & COASTAL PARTNERS, INC.
(Name of Corporation)

DOCUMENT NUMBER: P03000122995

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JEANNIE RUSSELL
(Name of Person)

SMITH, THOMPSON, SHAW & MANAUSA, P.A.
(Name of Firm/Company)

2075 CENTRE POINTE BOULEVARD
(Address)

TALLAHASSEE, FLORIDA 32308
(City/State and Zip Code)

For further information concerning this matter, please call:

JEANNIE RUSSELL at (850) 402-4100
(Name of Person) (Area Code & Daytime Telephone Number)

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

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

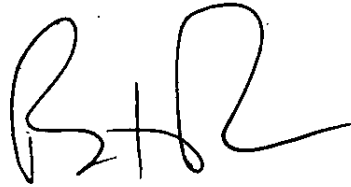
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, BERT S. POPE, hereby resign as DIRECTOR
(Title)

of CAPITAL CITY & COASTAL PARTNERS, INC.,
(Name of Corporation)

P030000122995, 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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA