P03000155901

(Req	uestor's Name)	
(Addi	ress)	
(Add	ress)	
(City/	State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Busi	ness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



900158523479

SECRETARY OF STATE TALLAHASSEE, FLORIDA

OD KES

8/3/09

COVER LETTER

то:	Amendment Section Division of Corporations
SUBJ	JECT: First Coast Systems, Inc.
	(Name of Corporation)
DOC	UMENT NUMBER: P03000155901
The e	nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please	e return all correspondence concerning this matter to the following:
Geo	rge E. Ridge
-	(Name of Person)
First	t Coast Systems, Inc.
	(Name of Firm/Company)
185	1 Executive Center Drive Suite 200 B
	(Address)
Jack	ksonville, FL 32207
	(City/State and Zip Code)
For fu	orther information concerning this matter, please call:
Geor	rge E. Ridge at (904) 353-6555 (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclo	sed is a check for \$35.00 made payable to the Florida Department of State.
Amen Divisi Clifto 2661	Mailing Address: Amendment Section Amendment Section Or Corporations Or Building Executive Center Circle Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Frank M. Souto	, hereby resign as President
"	(Title)
of First Coast Systems, Inc.	
(Name o	f Corporation)
P03000155901 (Document Number, if known)	, a corporation organized under the laws of the State of
Florida	<u>.</u>
	gnature 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

