

P03000157832

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COAST LINE INSURANCE INC
(Name of Corporation)

DOCUMENT NUMBER: P 03000157833

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

Please return all correspondence concerning this matter to the following:

ROBERT CRAWFORD

(Name of Person)

COAST LINE INSURANCE INC

(Name of Firm/Company)

8215 SR 54

(Address)

NEWPORT RICHEY FL 34655

(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT CRAWFORD

(Name of Person)

at

(727) 375-7735

(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, KATHY SOFARIELLI, hereby resign as DIRECTOR
(Title)

of COAST LINE INSURANCE, INC.
(Name of Corporation)

P03000157833, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Kathy Sofarelli
(Signature of resigning officer/director)

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TALLAHASSEE, FLORIDA

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