## 10300/57833

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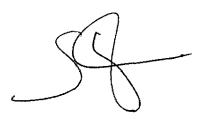


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## **COVER LETTER**

SUBJECT: COAST LINE INSULANCE INC (Name of Corporation)
DOCUMENT NUMBER: P 03000 157833
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 CRAWFOND (Name of Person)
COAST LINE INSULANCE INC (Name of Firm/Company)
8215 SR 54 (Address)
NEWPORT LICATE FL 34655 (City/State and Zip Code)
For further information concerning this matter, please call:
ROKAT CAUFON at (727) 375-7735 (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

TO:

Amendment Section Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, KATHY SOFAREUI, hereby resign as	DIRECTOR
	(Title)
of COAST LINE IN WILANCE, INC. (Name of Corporation)	
P03000157933 a corporation organized under (Document Number, if known)	er the laws of the State of
FURIDA	
Kathy Salarelli (Signature of resigning officer/director	TILED M 9: 26 06 DCT -9 M 9: 26 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