## 704000092937

(Requestor's Name)								
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SECRETARY OF STATE

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Gow Coostal, Inc. (Name of Corporation)
DOCUMENT NUMBER: PO400092937
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for fill
Please return all correspondence concerning this matter to the following:
Ray Robins (Name of Person)
Cone Cost Inc. (Name of Firm/Company)
PO BOX 4739 (Address)
Secsidi FL 32459 (City/State and Zip Code)
For further information concerning this matter, please call:
Ray Robins at (850) 231-0718  (Name of Person) (Area Code & Daytime Telephone Number
Enclosed is a check for \$35.00 made payable to the Florida Department of State

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327

Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO:

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATIONUL 31 AM 1:18

SEGRETARY OF STATE TALLAHASSEE, FLORIDA

1, John	Witherspe	20n	_, hereby resig	n as	JURCPR	
_	\	.,			(Title	<b>2</b> )
of GOV	Cocstal (Nat	ne of Corporati	on)	· · · · · ·		
P04000	~A 7A 7-1	,	•	ed under tl	ne laws of the S	State of
FL			,			
		(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