# P05000000377

(Re	equestor's Name)	
(Ac	ldress)	
(Ác	ldress)	
(Ĉi	ty/State/Zip/Phone	e #)
PICK-UP		MAIL
(Bu	isiness Entity Nar	ne)
	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use On	ly

٤



05/04/05--01055--003 \*\*35.00



1.SM

### TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

٩.

SUBJECT: Constal Accountants Inc. (Name of Corporation)

# DOCUMENT NUMBER: <u>P0500000377</u>

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

Please return all correspondence concerning this matter to the following:

Margaret Marisich (Name of Person)

Coastal Accountants Inc. (Name of Firm/Company)

384 BrookHood Blud (Address)

Mary Esther FL 32569 (City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person) at (850) 243-0278 (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 P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

\_\_\_\_\_, hereby resign as <u>Pesident</u> (Title) 1, Margaret Marusich Accountants, InC (Name of Corporation) of 7 37 \_\_\_\_, a corporation organized under the laws of the State of

င္ပ

HAY - LAH

pH 4:

25

**N** 

(Document Number, if known)

Florida

. • <sup>6</sup>•

(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