P05000017873

(Re	equestor's Name)	
(Ac	ldress)	
(Δ,	ddress)	······
(71)	uressy	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name	9)
(Do	ocument Number)	
Certified Copies	_ Certificates of	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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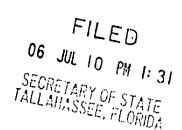
DIVISION OF SPRENCHION

O6 JUL 10 PM 1: 31 SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: M & M COASTAL DEVELOPMENT, INC.
(Name of Corporation)
DOCUMENT NUMBER: P05000017873
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
MARGARITA C ROA
(Name of Person)
MEM COASTAL DEVELOPMEN INC. (Name of Firm/Company)
5980 WEST SAMPLE ROAD APT 303
(Address)
CORAL SPRINGS, FL 33067
(City/State and Zip Code)
For further information concerning this matter, please call:
JAMES DAVIS at (850) 514-2194 (Name of Person) (Area Code & Daytime Telephone Number)
(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: Mailing Address:
Amendment Section Amendment Section Division of Corporations Division of Corporations
Division of Corporations Clifton Building 2661 Executive Center Circle Division of Corporations Post Office Box 6327 Tallahassee, FL 32314
2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



MARGARITA C ROA	, hereby resign as S
	(Title)
of M&M COASTAL DEVELOR	PMENT, INC.
(Nan	ne of Corporation)
P05000017873 (Document Number, if known)	, a corporation organized under the laws of the State of
FLORIDA	
	Caustinakor
	
	(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