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(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Moore Coins Inc. (Name of Cornoration)
DOCUMENT NUMBER: PO5000105616
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sharon Paulson (Name of Person)
Moore Coins Inc. (Name of Firm/Company)
7712 Nottinghill SKY Drive
A POILO BE ACH FL 33572 (City/State and Zip Code)
For further information concerning this matter, please call:
Darin Paulson at (813) 482-1824 (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

CR2E044(08/05)

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

i, Sharon Paulso	n, hereby resign as Director
	(Title)
of Moore	Coins, Inc. me of Corporation)
P05000/056/6 (Document Number, if known)	, a corporation organized under the laws of the State of
Florida	

(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

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SECRETARY OF STATES

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314