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(Req	uestor's Name)	
(Address)		
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(City/	State/Zip/Phone	e #)
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PICK-UP	☐ WAIT	MAIL.
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Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	
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officer Resignation

Office Use Only

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## **COVER LETTER**

Division of Corporations
SUBJECT: GULF COAST ENVIRONENTAL SERVICE INC. (Name of Corporation)
DOCUMENT NUMBER: 105000 136 586
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Name of Person)
CULF COAST FUNIAMENTES SERVICES IN (Name of Firm/Company)
1620 S. OCEM BLUD 14m (Address)
City/State and Zip Code)
For further information concerning this matter, please call:
MICHAEL HANVEY at (561) 654- P25 f (Name of Person) (Area Code & Daytime Telephone Number)

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

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

TO:

Amendment Section

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

of GUF COAST Ensuremented Services, Two.

(Name of Corporation)

(Document Number, if known)

Flance

(Name of Corporation)

(Name of Corporation)

(Document Number, if known)

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