

P05000158575

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

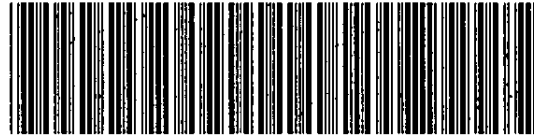
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Off Register

G. Gouffier

JUL 11 2008

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Coastal Financial & Recovery Services, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P05000158575

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

Please return all correspondence concerning this matter to the following:

Juan S. Rodriguez-Valle

(Name of Person)

Coastal Financial & Recovery Services, Inc.

(Name of Firm/Company)

2451 Rio Pinar Lakes Blvd.

(Address)

Orlando, FL 32822

(City/State and Zip Code)

For further information concerning this matter, please call:

Juan S. Rodriguez-Valle

(Name of Person)

at (407) 432-8676

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:

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

Mailing Address:


Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Juan S. Rodriguez-Valle, hereby resign as President
(Title)

of Coastal Financial & Recovery Services, Inc.
(Name of Corporation)

P05000158575, a corporation organized under the laws of the State of
(Document Number, if known)
Florida


(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail

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

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TALLAHASSEE, FLORIDA