

P06000004733

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

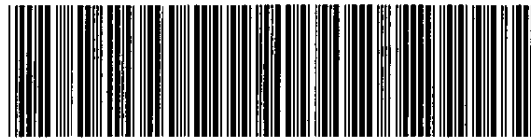
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 APR 22 PM 2:16

*Miss*  
C.COULLIETTE

APR 24 2009

EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ATLANTIC COAST CONTRACTING, INC  
(Name of Corporation)

**DOCUMENT NUMBER:** PO6000004733

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ADRIAN BIAS  
(Name of Person)

ADVANCED ENDOSCOPY INC  
(Name of Firm/Company)

397 N.E. 2<sup>ND</sup> AVE  
(Address)

HAULANDALE, FL. 33009  
(City/State and Zip Code)

For further information concerning this matter, please call:

ADRIAN BIAS at ( 954 ) 600-0446  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Street Address:**

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

**Mailing Address:**

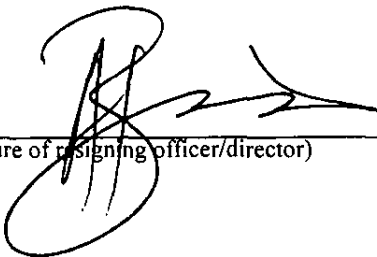
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, ADRIAN BIAS, hereby resign as PRESIDENT  
(Title)

of ATLANTIC COAST CONTRACTING, INC  
(Name of Corporation)

P06000004733, 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**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FILED

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

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