

PO6000084211

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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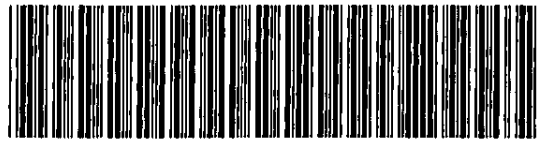
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts MAR 19 2007

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Coast Line Storm Shutter
(Name of Corporation)

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Michael Luzbet, Registered Agent

(Name of Person)

Coast Line Storm Shutter Corp.

(Name of Firm/Company)

c/o 3475 S.W. 142 Court

(Address)

Miami, FL 33175

(City/State and Zip Code)

For further information concerning this matter, please call:

Carmen Aguero

(Name of Person)

at (305) 345-0778

(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

