## P06000014211

(Re	equestor's Name)		
(Address)			
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(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
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the Die Resign



## **COVER LETTER**

SUBJECT: Coast Line	Storm Shutter			
(Name of Corporation)				
DOCUMENT NUMBE	R:			
The enclosed Officer/Dia	rector Resignation for a Corporation and fee are submitted for filing			
Please return all correspo	ondence concerning this matter to the following:			
Michael Luzbet, Regi	stered Agent			
(N	ame of Person)			
Coast Line Storm Sho	utter Corp.			
(Name	e of Firm/Company)			
c/o 3475 S.W. 142 Co	ourt			
	(Address)			
Miami, FL 33175				
(City/S	State and Zip Code)			
For further information of	concerning this matter, please call:			
Carmen Aguero	Person) at (305) 345-0778  (Area Code & Daytime Telephone Number)			
(Name of	Person) (Area Code & Daytime Telephone Number)			
Enclosed is a check for \$	335.00 made payable to the Florida Department of State.			
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center C	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314			

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TO:

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Amendment Section Division of Corporations

OF MAR FILED

ALLOWER / SPM 1: 43

OFFICER / DIRECTOR RESIGNATION

FOR A CORPORATION

I, Wilber Boza	, hereby resign as Vice President	
	,, <u>g</u>	(Title)
of Coast Line Storm Shutter Co	orp.	
(Nan	ne of Corporation)	· · · · · · · · · · · · · · · · · · ·
(Document Number, if known)	, a corporation organized under the	laws of the State of
Florida		
···		
	is is	
	(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