P07000020727

	(Requestor's Name)					
	(Address)					
(Address)						
	(City/State/Zip/Phone #)					
PICK-U						
—						
	(Business Entity Name)					
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
opedar instructions to r ning officer.						
	·					
	Office Use Only					



03/28/08--01025--009 **35.00

FILED 2008 MAR 28 PM 12: 05 SECRETARY OF STATE TALLAHASSEE. FLORIDJ

officer Resignation

4-2-08 TB

COVER LETTER

TO: Amendment Section Division of Corporations

SunCoast Elevator (ompany elnc SUBJECT: 7 00002072 **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:

<u>(Name of Person)</u> theast (Name of Firm/Company) 14032 Wellington Yrace (Address) Wellington Florida 33414 (City/State and Zip Code)

For further information concerning this matter, please call:

ame of Person) at (561) 791-3600 (Area Code & Daytime Telephone Number) 1644 (Name of Person

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

mail to

		RECTOR RESIG	,	ANASSE OF MR.
I,	Jeff Durivou	, hereby resign		(Title)
of	Sun Coast	Elevator	Compan	y, <u>Enc.</u>
P (7060620727	corporation organized	i under the laws of t	he State of

HALY H. Duulle 3-17-08 ignature 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