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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : EAGLE TAX REPRESENTATION, CORP.

Account Number : I2007000037 : (954)752-4553 Phone

Fax Number : (954)752-4522

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN COSTA FAMILY GENERAL SERVICES, INC

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MAR 2 1 2012

T. BROWN

03/20/12

## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUBJ	JECT: COSTA FAMILY GENERAL SERVICES, INC
	(Name of Corporation)
DOC	UMENT NUMBER: P07000025568
The e	nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please	c return all correspondence concerning this matter to the following:
WEL	LINGTON SILVA
	(Name of Person)
EAG	GLE TAX REPRESENTATION, CORP
	(Name of Firm/Company)
4641	I N STATE RD 7 STE 18
	(Address)
COC	CONUT CREEK, FL - 33073
	(City/State and Zip Code)
For fu	urther information concerning this matter, please call:
Paulo	Oliveira at ( 954 ) 752-4553  (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclo	sed is a check for \$35.00 made payable to the Florida Department of State.
Divisi Clifton 2661 I	Mailing Address:  dment Section on of Corporations n Building Executive Center Circle  Mailing Address:  Amendment Section Division of Corporations Post Office Box 6327 Tallahassec, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, WELLINGTON SILVA	, hereby resign as DIRECTOR
of COSTA FAMILY GENERAL S	SERVICES, INC
n	e of Corporation)
P07000025568 (Document Number, if known)	a corporation organized under the laws of the State of
FLORIDA	
Jole	1-ew

## 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