P07000099090

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(Address)			
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(City/State/Zip/Phone #)			
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COVER LETTER

TO:	Amendment Section
	Division of Corporations

SUBJECT:_	East	Coast	Concierup	Inc
			(Name of Corporation)	
DOCUMEN'	T NUMBER:_	P070	09099000	
The analoged	Officer/Directo	r Pacianation 6	For a Carmoration and fe	a are submitted for fili

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following:

Morn's
(Name of Person)

East Coact Concience Tra,
(Name of Firm/Company)

3521 Twisted Tree Lane
(Address)

Tacksonville PL 32214

(City/State and Zip Code)

For further information concerning this matter, please call:

Tay Momis at (904) 322-7161
(Name of Person) (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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

08 OCT -7 PH 3: 39

I, Jessicu Warnen	, hereby resign as VPSD (Title)
of East Coast (Name	e of Corporation)
P070000 99090 (Document Number, if known)	, a corporation organized under the laws of the State of
Floridy	· · · · · · · · · · · · · · · · · · ·

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