## P08000046105

(Requestor's Name)				
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(City/State/Zip/Phone #)				
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DResign.
12/10/08

## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUBJ	ECT: COASTAL P& D CORP
50.50	(Name of Corporation)
DOC	UMENT NUMBER: P08000046105
The e	nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please	e return all correspondence concerning this matter to the following:
THC	MAS R HERRERA
	(Name of Person)
T.R.	HERRERA FINANCIAL SERVICES, INC.
	(Name of Firm/Company)
1250	E. HALLANDALE BCH. BLVD. #402
	(Address)
HAL	LANDALE, FL 33009
	(City/State and Zip Code)
For fu	orther information concerning this matter, please call:
THO	MAS R. HERRERA at ( 954 ) 457-0970 (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.
Amen Divisi Clifto 2661	Mailing Address:  dment Section on of Corporations on Building Executive Center Circle passee, FL 32301  Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

TO:

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. WALTER G. SILVA	hereby resign as	VICE-PRESIDENT/DIRECTOR	
		(Title)	
of_ COASTAL P & D CORP		,	
(Name	of Corporation)		
P08000046105 (Document Number, if known)	, a corporation organized und	ler the laws of the State of	
FLORIDA	·		
Make	Signature of resigning officer/director	OR DEC -5 AM 8: 5 SECRETARY OF STA FALL-AHASSEE. FLORE	

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