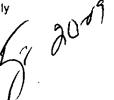
(Re	equestor's Name)	
. (Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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	Office Llee Onl	







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COVER LETTER

DIVIS	ion of Corporati	ions			
SUBJECT:	11) 014	Coast	BilliARDSa	Morel	In

(Name of Corporation)

DOCUMENT NUMBER: <u>POSOOO 79955</u>

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

(Name of Person)

(Name of Firm/Company)

321B South east Blvd. N.

St. Peters Burg, FC. 33703

For further information concerning this matter, please call:

Prenda (athleat (127) 176-14316 127-785-3529 (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

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, Brenda Cathel, hereby resign as Presi	dent (Title)	_
of W.O.St Coast Billiards + More /	Inc.	,
POSOOO 79955, a corporation organized under the laws of to (Document Number, if known)		
Florida.		
Tuella Addo (Signature of resigning officer/director)	2009 HAY IL AM IO: L SECRETARY OF STATI TALLAHASSEE, FLORII	

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