P09000075597

(F	Requestor's Name)	
(A	ddress)	
(A	ddress)	
(C	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
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SEGRÉTARY OF STATE TALLAHASSEE, FLORIO

R.A. Resign.

TB OCT 29 2010

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: FORGOTTEN COAST ENTERPRISES INC. (Name of Corporation)		
DOCUMENT NUMBER: PO900075597		
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Lisa MARJH (Name of Person)		
FORDITEN COAST ENTERPRISES (Name of Firm/Company)		
154 FOX HOLLOW LN (Address)		
CRAUFORDVILLE, FL 32327 (City/State and Zip Code)		
For further information concerning this matter, please call:		
LISA MARSH at (850) 924-6375 (Name of Person) (Area Code & Daytime Telephone Number)		

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, LISA H. MARSH (Name of Registered Agent)
hereby resigns as Registered Agent for FOR COTTEN COAST ENTERPRISES INC. (Name of Corporation)
PO900075597 (Document Number, if known)
A copy of this resignation was mailed to the above listed corporation at its last known address.
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.
Sino of Marie
(Signature of Resigning Agent) If signing on behalf of an entity: ASSET ARE TARK ASSET TO THE TARK A
(Typed or Printed Name) FLORITE PRINTED FLORITE FLORI
(Capacity)

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314