## P09000075597

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off. Resign.

TP

OCT 29 2010

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: FORGOTTEN COAST ENTERPRISES INC (Name of Corporation)
DOCUMENT NUMBER: <u>P0900075597</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:
LISA MARSH (Name of Person)
(Name of Firm/Company)
15+ Fox HOLLOW LN (Address)
CRAWFORDVILLE, 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 for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

POLOCIZE PM 2: 48

PALLAHASSEE, FLORIDA

(Title)

I,	LISA H. MAI	RSH , hereby resign as $\frac{PRESIDENT}{(Title)}$	<u>′</u> ′′′′′′′′′′′′′′′′′′′′′′′′′′′′′′′′′′′
of	FORGOTTEN	COAST ENTERPRISES INC. (Name of Corporation)	,
Po	Oocument Number, if known	, a corporation organized under the laws of the State of	
	FLORIDA		

(Signature of resigning officer/director)

## 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