## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: INCORP SERVICES INC

Account Number : 120120000007

Phone : (702)866-2500

Fax Number

: (702)866-2689

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address: WENDY, HEFLET@ INCORP. CON

## REGISTERED AGENT RESIGNATION COASTLINE INDUSTRIAL SERVICES INC.

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

## **COVER LETTER**

	ion of Corporations	·
SUBJECT:	COASTLINE INDUS	STRIAL SERVICES INC.
		(Name of Corporation)
DOCUMEN	T NUMBER:	P13000081003
The enclosed	Resignation of Registe	ered Agent for a Corporation and fee are submitted for filing.
Please return	all correspondence con	ncerning this matter to the following:
	Wendy Hefi	ey
<del></del>	(Name of Perso	on)
•	Incorp Services	s, Inc.
	(Name of Firm/Con	mpany)
236	60 Corporate Circle	e, Suite 400
	(Address)	
	Henderson, NV	89074
	(City/State and Zip	Code)
For further in	formation concerning t	this matter, please call:
Wendy Hef	ley for Incorp Servic	es, Inc. 702 866-2500 ext. 6601
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a or \$35.00 for	check made payable to an administratively dis	o the Florida Department of State for \$87.50 for an active corporation solved, voluntarily dissolved or withdrawn corporation.
Street Addre Amendment S Division of C Clifton Build 2661 Executiv Tallahassee, I	Section orporations ing ve Center Circle	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provis	tions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.15	i09 <b>,</b>		
Florida Statutes, the u	andersigned, Incorp Services, Inc.			
	(Name of Registered Agent)		_	
hereby resigns as Reg	istered Agent for COASTLINE INDUSTRIAL SERVICES IN	1C.		
	(Name of Corporation)		_	
P13000081003				
(Document Numl	per, if known)			
A copy of this resigna	tion was mailed to the above listed corporation at its last known	addres	is.	
The agency is termina this statement is filed,  If signing on behalf of	(Signature of Resigning Agent)	which		
	Wendy Hefley			
	(Typed or Printed Name)		<u>ਡ</u>	
	Authorized Representative		£EB	***
	(Capacity)		-2 AM 9	
	Fee for filing this document: \$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation		9: 16	

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