P17000059910

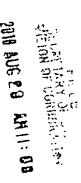
(Requestor's Na	ame)
(Address)	
(Address)	
(City/State/Zip/f	Phone #)
PICK-UP WAI	T MAIL
(Business Entit	y Name)
(Document Number)	
Certified Copies Certifi	icates of Status
Special Instructions to Filing Officer:	
	1

Office Use Only



800317288868

08/20/18--01009--028 **35.00



MR 5 5 5017

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

COAST CUSTOM CABINETS	, INC.	
SUBJECT: (Na	me of Corpo	pration)
DOCUMENT NUMBER: P17000059810		<u> </u>
The enclosed Officer/Director Resignation for a	a Corporatio	on and fee are submitted for filing.
Please return all correspondence concerning thi	s matter to	the following:
Edward Bakalenik		
(Name of Person)	*	_
(Name of Firm/Company)		_
2863 SW 120th Ter		
(Address)		_
Miramar, FL 33025		
(City/State and Zip Code)		_
For further information concerning this matter,	please call:	
Edward Bakalenik		282-6684
(Name of Person)	(Area Co) de & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to	the Florida	Denartment of State

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address:

Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

	DIRECTOR RESIGNATION R A CORPORATION
Edward Bakalenik	VP VP
I.,	(Title)
Coast Custom Cabinets, Inc.	
of(Name	of Corporation)
P17000059810	
(Document 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