

P19000084889

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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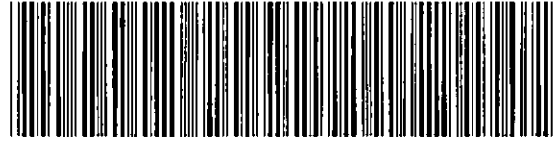
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COASTAL SUNROOMS AND ENCLOSURES, INC
(Name of Corporation)

DOCUMENT NUMBER: P 19 000 84889

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

Please return all correspondence concerning this matter to the following:

VICTOR BRONKHORST

(Name of Person)

COASTAL SUNROOMS AND ENCLOSURES, INC.

(Name of Firm/Company)

804 N NEW WASHINGTON RD

(Address)

PENSACOLA, FL 32506

(City/State and Zip Code)

For further information concerning this matter, please call:

VICTOR BRONKHORST

(Name of Person)

at (850) 972 0443

(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
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303


**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, VICTOR BRONKHORST, hereby resign as PRESIDENT
(Title)

of COASTAL SUNROOMS AND ENCLOSURES INC.
(Name of Corporation)

P19000084889, a corporation organized under the laws of the State of
(Document Number, if known)

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

2024 OCT 10 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FL

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