P20000057115

(Rec	questor's Name)	
,	•	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bus	siness Entity Nar	me)
(Doe	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	-
L		

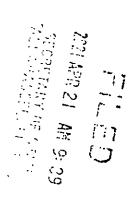




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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT	UBJECT: Florida Coast Logistics		
.,000.001	(Name of Corporation)		
DOCUMENT	T NUMBER: P20000057115		
The enclosed	Officer/Director Resignation for a Corporation and fee are submitted for filin		
Please return	all correspondence concerning this matter to the following:		
Keith Graham			
	(Name of Person)		
Florida Coast Le	ogistics		
	(Name of Firm/Company)		
10380 SW Villa	ge Center Drive Suite 103		
	(Address)		
Port Saint Lucie	e. F1. 34987		
	(City/State and Zip Code)		
For further int	formation concerning this matter, please call:		
Keith Graham	at (772) 299-8823		
	(Name of Person) at (772) 299-8823 (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

Catrinna Graham I,	Vice President, hereby resign as	
	(Title)	
Flordia Coast Logistics, Inc.		
(Na	me of Corporation)	
P20000057115	a corporation organized under the laws of the State of	
(Document Number, if known)		
Porida 	·	
	(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