

P210000 17541

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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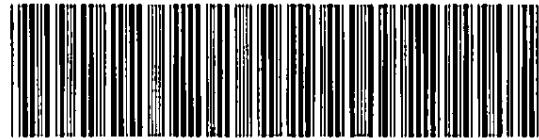
(Business Entity Name)

(Document Number)

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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** COCONUT COVE CARE INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P21000017541

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

Please return all correspondence concerning this matter to the following:

KRISTYN JOSEPH S  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

1208 E KENNEDY BLVD #714  
(Address)

TAMPA, FL 33602  
(City/State and Zip Code)

For further information concerning this matter, please call:

KRISTYN JOSEPH S at ( 813 ) 848-8668  
(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  
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, KRISTYN JOSEPHS, hereby resign as DIRECTOR (DIR)  
(Title)

of COCONUT COVE CARE INC.  
(Name of Corporation)

P21000017541, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

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FILED

**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