P93000018599

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(Business Entity Name)
(======, ====,
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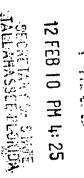
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02/13/12--01002--006 **62.50

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RA Resegn

FEB 1 3 2012

T. LEWIS

COVER LETTER

*

TO: Amendment Section Division of Corporations
SUBJECT: Constal Bedding (Name of Corporation)
DOCUMENT NUMBER: 63-1086158
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Johnny Rozzelle (Name of Person)
(Name of Firm/Company)
P.O. Box 721 (Address)
Pensaco H 32891 (City/State and Zip Code)
For further information concerning this matter, please call:
Mame of Person) at (850) 698.0084 (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

January 26, 2012

JOHNNY ROZZELLE COASTAL BEDDING, INC. P. O. BOX 1844 PENSACOLA, FL 32591

SUBJECT: COASTAL BEDDING, INC.

Ref. Number: P93000018599

We have received your document for COASTAL BEDDING, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

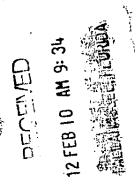
The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$62.50 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Thelma Lewis Document Specialist Supervisor

Letter Number: 712A00002353



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RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,
hereby resigns as Registered Agent for Constal Bedding, Inc. (Name of Corporation)
P93000018599
(Document Number, if known)
A copy of this resignation was mailed to the above listed corporation at its last known address.
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.
John of Formalle
(Signature of Resigning Agent)
If signing on behalf of an entity:
(Typed or Printed Name)
•
(Capacity)

Fee for filing this document:

\$87.50 - Active corporation
\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

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