

P9400000

4211

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

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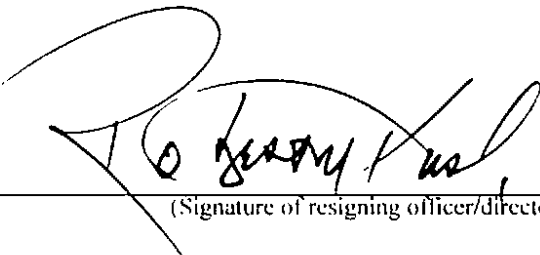
6. **2**

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Robert M. Kush, hereby resign as CFOT
(Title)

SPACE COAST HOLDING CORP
of _____
(Name of Corporation)

P94000004211
(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

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