P940000276/2

(Requ	uestor's Name)	
(Addr	·oca)	
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(City/	State/Zip/Phone	· • #)
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C. LEWIS

SEP 5 2013

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 13, 2013

SUSAN ODESS / EAST COAST APPRAISERS INC 224 PALERMO AVE. CORAL GABLES, FL 33134

SUBJECT: EAST COAST APPRAISERS, INC.

Ref. Number: P94000027612

We have received your document for EAST COAST APPRAISERS, INC.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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) 245-6050.

Letter Number: 013A00019369

Carolyn Lewis Regulatory Specialist II

www.sunbiz.org

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: East Coast Appraisers Ive. (Name of Corporation) DOCUMENT NUMBER: P940000 27612
DOCUMENT NUMBER: P94000 27612
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for f
Please return all correspondence concerning this matter to the following:
Suan Odes (Name of Person)
(Name of Person) East Gast appared Inc. (Name of Firm/Company)
Address)
Coal Calle, H 53134 (City/State and Zip Code)
For further information concerning this matter, please call:
Ayura (305) 441.086 (Area Code & Daytime Telephone Numb

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Daniel B. Odess, hereby resign as President	_
of East Coast Appraviers Irc (Name of Corporation)	_,
(Name of Corporation) 1940027612 (Document Number, if known) (Document Number, if known)	
- Flonde	
(Signature of resigning officer/director)	2 4 1

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