## P96000032720

(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
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afficer Resignation

Office Use Only

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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: Coconut Bay of Key Largo, Inc. (Name of Corporation)			
DOCUMENT NUMBER: P960003270			
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Margaret A. Laron (Name of Person)			
Coconut Bay of Key Largo Inc DBA Coconut Bay Reso.			
P.O. Box 2098 (Address)			
Key Largo, FL 33037 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Margaret A. Laron at (305) 453 - 1255 ext. 330 (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 409 E. Gaines Street Tallahassee, FL 32399

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SECRETARY OF STATE

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1,	Itzik Laron hereby re	sign as President
of	Coconut Bay of Key	Largo, Frc.
	9600032720 a corporation organ (Document Number, if known)	• • • • • • • • • • • • • • • • • • • •
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MUMULUM
(Signature of resigning officer/director)

FILING FEE IS \$35,00

Make checks payable to Florida Department of State and mai

Amendment Section
Division of Corporations
P.O. Box 6327
Tallshassee, Florida 32314