P96000041745

| (Re | equestor's Name) | |
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| (Ac | idress) | |
| (Ad | ldress) | |
| (Cit | ly/State/Zip/Phone | ; #) |
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TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations | | |
|---|--|--|
| SUBJECT: Gulf Coast Management Services, Inc. (Name of Corporation) | | |
| DOCUMENT NUMBER: P96000 41745 | | |
| 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: | | |
| Eli Baudaeaux (Name of Person) | | |
| S+S Golf MANDAGEMENT, IM. (Name of Firm/Company) REG P | | |
| 11691 GATEWAY Blod. #203 | | |
| Font Myens I/ 33913 (City/State and Zip Code) | | |
| For further information concerning this matter, please call: | | |
| Eli Baudreauy at (239) 561-1444 (Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 409 E. Gaines Street Tallahassee, FL 32399

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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617. | 1509, | |
|---|------------------------|------------|
| Florida Statutes, the undersigned, Helen I. Sanjen (Name of Registered Agent) | | |
| hereby resigns as Registered Agent for Gulf Const Management (Name of Corporation) | + Service | es, Inc |
| P96000 417 45 (Document Number, if known) | عليوس عاموس | • • |
| A copy of this resignation was mailed to the above listed corporation at its last known | wn address. | |
| The agency is terminated and the office discontinued on the 31st day after the date of this statement is filed. | on which | |
| (Signature of Resigning Agent) | 70.0 | |
| If signing on behalf of an entity: |)3 NOV I | 1 |
| Helen I SARVER (Typed or Printed Name) | NY OF S | |
| Registered Agent (Capacity) | I 55 STATE ORIDA | , t |
| (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Fee for filing this document: \$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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