## P96000081260

(Requestor's Name)					
(Address)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificate	s of Status			
Special Instructions to Filing Officer:					
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SECRETARY OF SHAIL BLANK ARABANASE FINANCIA

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## **COVER LETTER**

TO: Amendment Section Division of Corporation	ons		
SUBJECT:	Coastline Plumbing and Pumps, Inc.		
SCECT.	(Name of Corporation)		
DOCUMENT NUMBER:	P96000081260		
The enclosed Officer/Director	Resignation for a Corporation and fee are submitted for filing		
Please return all corresponden	ce concerning this matter to the following:		
Marie McWhinnie			
(Name o	of Person)		
Coastline Plumbing and	d Pumps, inc.		
(Name of Fi	rm/Company)		
10127 State Road 52			
(Add	dress)		
Hudson FL 34669			
(City/State a	and Zip Code)		
For further information conce	rning this matter, please call:		
Marie McWhinnie	at ( 727 ) 856-4600 (Area Code & Daytime Telephone Number)		
(Name of Perso	n) (Area Code & Daytime Telephone Number)		
Enclosed is a check for \$35.00	made payable to the Florida Department of State.		
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		

TO:

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

T	William McWhinnie		hereby resign asPresident		
*, -			, nervoy rosigit us	(Title)	
of				,	
(Name of Corporation)					
	P96000081260 (Document Number, if known)	, a corpor	ation organized ur	nder the laws of the State of	
	Florida	<del></del> •			
			0		
		Well. M			
	<del></del>	(Signature of r	esigning officer/direc	etor)	

## 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 SECRETARY OF STATE

AND