

P99000058936

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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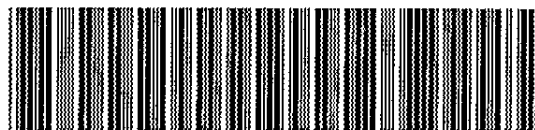
(Business Entity Name)

(Document Number)

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11/11/03

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Coast City, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P99000058936

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sherwin Deutchman

(Name of Person)

(Name of Firm/Company)

6335 Grand Cypress Circle

(Address)

Lake Worth, Florida 33463

(City/State and Zip Code)

For further information concerning this matter, please call:

Sherwin Deutchman

(Name of Person)

at (561) 963 9919

(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


**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Sherwin Deutchman, hereby resign as Vice President/Director
(Title)

of Coast City, Inc.
(Name of Corporation)

P99000058936, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

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03 NOV 19 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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