\$9/073

(Re	questor's Name)	,
(Ade	dress)	
(Add	dress)	
(City	y/State/Zip/Phone) #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
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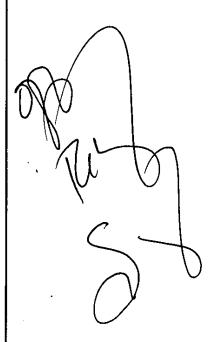
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SECRETARY UP STATE

COVER LETTER

Division of Corporations
SUBJECT: COSMO-LINE, /WC. (Name of Corporation)
DOCUMENT NUMBER: S 91273
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Name of Person)
COSMO-LINE /NC. (Name of Firm/Company)
P.O., Box 16224 (Address)
CLEARINATER FL 33766 (City/State and Zip Code)
For further information concerning this matter, please call:
RICHARD S. TRUES PALE at (727) 386-4/27 (Name of Person) at (727) (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
Post Office Box 6327
Tallahassee, FL 32314

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

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, RICHARD S. TRUESCALE, hereby resign as (VPT) USE PRESIDE	NT, KEASUREA
of Cosno -Line, Inc. (Name of Corporation)	· · · · · · · · · · · · · · · · · · ·
S91273 , a corporation organized under the laws of the State of (Document Number, if known) FLORIDA	
	~
(Signature of resigning officer/director)	7010 CFP - 7
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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