

PD5000158893

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

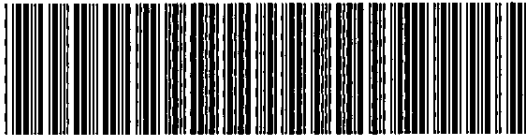
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900210831849

08/11/11--01004--030 **105.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG 11 PM 2:44

OD/RES
@ 8/12/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RAVENS CROFT SHIP MANAGEMENT INC.
(Name of Corporation)

DOCUMENT NUMBER: P05000158893

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

Please return all correspondence concerning this matter to the following:

LEONARD J. HOSKINSON
(Name of Person)

RAVENS CROFT SHIP MANAGEMENT INC.
(Name of Firm/Company)

3251 PONCE DE LEON BLVD.
(Address)

CORAL GABLES, FLORIDA 33134
(City/State and Zip Code)

For further information concerning this matter, please call:

LEONARD J. HOSKINSON at (305) 5072000
(Name of Person) (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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, DEEPAK MATTA, hereby resign as VICE PRESIDENT
(Title)

of RAVENS CROFT SHIP MANAGEMENT INC.
(Name of Corporation)

P05000158893, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA



(Signature of resigning officer/director)

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG 11 PM 2:44