4495319

(Re	equestor's Name)	
(Ac	fdress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nam	e)
	<u> </u>	
(Do	ocument Number)	
Certified Copies	Certificates	of Status
		
Special Instructions to Filing Officer:		
:		ı

Office Use Only



500207928055

05/23/11--01013--023 **35.00

M/Di Propo



Mr 6-1-11

COVER LETTER

SUBJECT: Maritime Marketing Assoc. Inc.

(Name of Corporation)

DOCUMENT NUMBER: 4953 | 9

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 Firm/Company)

(Name of Firm/Company)

(Saminary FL 33187

(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person)

at (305) 233 0076

(Area Code & Dayttme Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

Street Address:

Mailing Address:
Amendment Section
Division of Corporation

Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

•	OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION 11 MAY 23 PM 12: 03
[,	Paul EDean, hereby resign as President
of	Maritime Marketino Associate. (Title)
	(Document Number, if known) (Document Number, if known) (Document Number, if known)
	(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