

# G 53454

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

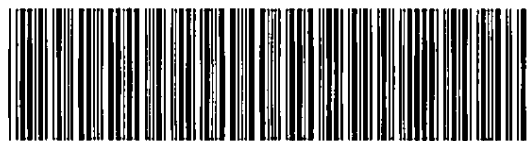
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800318667288

09/24/18--01050--002 \*\*367.50

FILED

2018 SEP 24 PM 1:20

CLERK OF COURT  
FALL RIVER, CONNECTICUT

RALRES

SEP 26 2018  
1 ALBRITTON

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: SPURS MARINE MANUFACTURING, INC.  
(Name of Corporation)

DOCUMENT NUMBER: G53454

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JUAN P. SOSA

(Name of Person)

SPURS MARINE MANUFACTURING, INC

(Name of Firm/Company)

201 SW 33RD STREET

(Address)

FORT LAUDERDALE, FL 33315

(City/State and Zip Code)

For further information concerning this matter, please call:

PABLO SOSA

(Name of Person)

at ( 954 ) 463-2707

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**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

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, DONALD T. GOVAN

(Name of Registered Agent)

hereby resigns as Registered Agent for SPURS MARINE MANUFACTURING, INC.

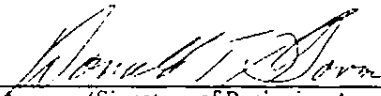
(Name of Corporation)

G53454

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which  
this statement is filed.



(Signature of Resigning Agent)

If signing on behalf of an entity:

DONALD T. GOVAN

(Typed or Printed Name)

RESIGNING REGISTERED AGENT

(Capacity)

**Fee for filing this document:**

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/  
withdrawn corporation

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

FILED  
2018 SEP 24 PM 1:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA