

K52971

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

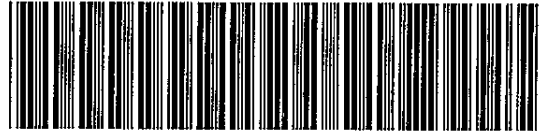
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DIVISION OF CORPORATION
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B. J. C. / 100
C/D Res.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE BAIT SHACK, INC. OF VOLUSIA COUNTY
(Name of Corporation)

DOCUMENT NUMBER: K52971

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

Please return all correspondence concerning this matter to the following:

DENNIS J. SCACCIA

(Name of Person)

THE BAIT SHACK, INC. OF VOLUSIA COUNTY

(Name of Firm/Company)

79 E. DUNLAWTON AVE.

(Address)

PORT ORANGE; FLORIDA, 32127

(City/State and Zip Code)

For further information concerning this matter, please call:

G. SCACCIA

(Name of Person)

at (386) 767-4270

(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**

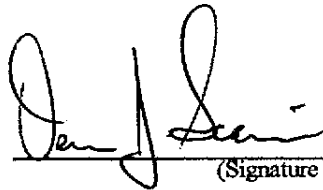
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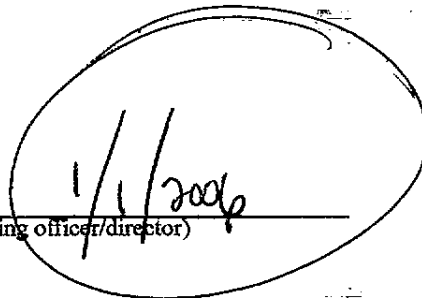
I, DENNIS JOSEPH SCACCIA, hereby resign as PART OWNER/V.P.
(Title)

of THE BAIT SHACK, INC. OF VOLUSIA COUNTY
(Name of Corporation)

K52971, 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