N06000004359

(Re	equestor's Name)	•
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(City/State/Zip/Phone #)		
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SECRETARY OF STATE
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C.COULLIETTE

MAY 20 2009

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Tampa Area Marine	e Parents Association
	(Name of Corporation)
DOCUMENT NUMBER: N06	5000004359
The enclosed Officer/Director Resi	gnation for a Corporation and fee are submitted for filing
Please return all correspondence co	oncerning this matter to the following:
Charlene A. Tributino	
(Name of Per	son)
Tampa Area Marine Parents A	ssociation
(Name of Firm/Co	ompany)
401 Lake Drive	
(Address)	
Lakeland, FL 33813-2419	
(City/State and Zi	p Code)
For further information concerning	this matter, please call:
Charlene A. Tributino	at (at (
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made	le 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, Charlene A. Tributino	, hereby resign as(Title)
of Tampa Area Marine Parents As	f Corporation)
N0600004359 (Document Number, if known)	, a corporation organized under the laws of the State of
Florida	gnature of resigning officer/director) SECRETARY OF

Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314