

N 120000 7279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

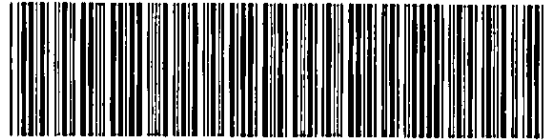
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE, FL

C. GOLDEN

JAN 11 2019

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Resignation of Marshall Seeman as Director
(Name of Corporation)

DOCUMENT NUMBER: N12000007279

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

Please return all correspondence concerning this matter to the following:

Michael Kaminer

(Name of Person)

Seeman Holtz Property and Casualty

(Name of Firm/Company)

301 Yamato Road, Suite 2250

(Address)

Boca Raton, FL 33431

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Kaminer

(Name of Person)

at (

561

208-9244

(Area Code & Daytime Telephone Number)

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

Mailing Address:

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

Street Address:

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

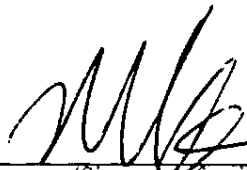
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Marshall Seeman, hereby resign as Director
(Title)

of Boca Bay DUI Program, Inc.
(Name of Corporation)

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

Florida



(Signature of resigning officer/director)

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CLERK OF STATE
TALLAHASSEE, FL

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