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/D	equestor's Name)	
(///	equestors Name)	
(A:	ddress)	
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(Ci	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(D	ocument Number)	
Certified Copies	Certificates of	Status
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Special Instructions to	Filing Officer:	
	 	

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TRANSMITTAL LETTER

SUBJECT: Resignation of Eric Holtz	
(Name of Corp	oration)
DOCUMENT NUMBER: N12000007279	
The enclosed Officer/Director Resignation for a Corporati	on 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 Casualt	у
(Name of Firm/Company)	<u>-</u>
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 561	208-9244 ode & Daytime Telephone Number)
(Name of Person) at (Area Co	de & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida	a Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 63272661 Executive CenterTallahassee, FL 32314Tallahassee, FL 3230	er Circle

Amendment Section Division of Corporations

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

ι, Eric Holtz	hereby resign as Dit	, hereby resign as Director	
"		(Title)	
of Boca Bay DUI Pro	gram, Inc.		
(Nan	ne of Corporation)		
(Document Number, if known)	, a corporation organized under	the laws of the State of	
Florida	·		
		2019 JAN S. AALL &	
<u> </u>	(Signature of resigning officer/director)	五	
		SSEE	
	/	7:3	

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