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(Re	questor's Name)	
(Ad	dress)	
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(Adı	dress)	
(Cit	y/State/Zip/Phone	e #)
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
RESIGNATION FROM
SUBJECT: LEATHERNECKS MC OF SEMINOLE, FUC (Name of Corporation)
O(-200)
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JAMES A, DESAWTS (Name of Person)
LEATHERNECKS MC OF SEM (NOVE, INC (Name of Firm/Company)
8100 PARK BLUD STE BIS (Address)
PINEUAS PARK, FZ 33781 (City/State and Zip Code)
For further information concerning this matter, please call:
Subt GEARY at (845) 326-7173 (Name of Person) at (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 63272661 Executive Center CircleTallahassee, FL 32314Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, JAMES A, DESANTS, hereby resign as 1025	TOBUT	
of LEATHBONECKS MC OF SEMINOUE	(Title)	
of LATHERNECKS MC OF SEMINOUE (Name of Corporation)	· toc	,
(Document Number, if known), a corporation organized under the laws	of the State of	
FLORUSA.		
	20 FA	
	2016 DEC	
(Signature of resigning officer/director)	19 PH	
		J

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