N27325

(Re	questor's Name)		
(Ad	dress)		
(Ád	dress)		
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	TIAW	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			

Office Use Only



300376664163

11/15/01--01817 -017 **11.10



Y SULKER DEC 0 8 2021

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1. Juan DeAr	14 M 3, hereby resign as	freside not
•	J	(Title)
Fisherman's Wharf Property Owr		
	(Name of Corporation)	
N27325	, a corporation organized und	er the laws of the State of
(Document Number, if know	n)	
Florida		
	m M	

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