P01000035245

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:



07/02/03--01067--001 **70.00





TRANSMITTAL LETTER

1 1

TO: Amendment Section Division of Corporations

7. SEa tood Name of Corporation) **SUBJECT:**

DOCUMENT NUMBER: <u>P01006035245</u>

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

Please return all correspondence concerning this matter to the following:

<u>Strauss</u> (Name of Person)

boc mainstreet seat

V. Main St. (Address)

CKSONVILL FL 32208 (City/State and Zip Code)

For further information concerning this matter, please call: Please keep numbers private

at (904) 388-6607 OR 629-1192 (Area Code & Daytime Telephone Number) Straus S (Name of Person) П

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 409 E. Gaines Street Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, hereby resign as Offerer/1), rectar 1, J.11 Strauss Main Street Sea food (Name of Corporation) of 010000 35 24 5 (Document Number, 11 a corporation organized under the laws of the State of if known) lopider

ning officer/director)

FILING FEE IS \$35.00

Tallahassee, Florida 32314

--2 PM 3:02 Make checks payable to Florida Department of State and mail to: Π Amendment Section **Division of Corporations** P.O. Box 6327