P0200054592

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	∋#) .
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECREBARY OF STATE FALL AHASSEE, FLORID.

ANU FÎLED

C. LEWIS

MAY 1 9 2014

EXAMINER

TRANSMITTAL LETTER

	Amendment Section Division of Corporations		
	West Marine Propertie	s, In	C ion)
DOCUM	UMENT NUMBER: P02000054592	<u>.</u>	
The encl	nclosed Officer/Director Resignation for a Corp	oration a	and fee are submitted for filing.
Please re	e return all correspondence concerning this matt	er to the	following:
Albe	ert Elebash, Jr		
	(Name of Person)		
	(Name of Firm/Company)		
200	0 Willard St Ste 2B		is a second of the second of t
	(Address)		
Coc	coa, FL 32922		
	(City/State and Zip Code)		
For furth	urther information concerning this matter, please	call:	
Albe	oert Elebash at (32	21 ;	543-8835 & Daytime Telephone Number)
	(Name of Person) (Ar	ea Code	& Daytime Telephone Number)
Enclosed	osed is a check for \$35.00 made payable to the F	lorida D	epartment of State.
Amendar Division P.O. Box	Ing Address: Independent Section Identify Section Identif	ction porations Center C	s Circle

APPROVE AND FILED

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

. . . .

14 MAY -8 AM II: 16 SECRETARY OF STATE TALLAHASSEE, FLORIDA

, Albert Elebash, Jr	, hereby resign as D	PT (Title)
₀ _₅ West Marine Proper		(Time)
P02000054592	f Corporation)	,
(Document Number, if known)	, a corporation organized unde	r the laws of the State of
		5/5/2014

(Signature of resigning officer/director)

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