

PO 2000094563

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

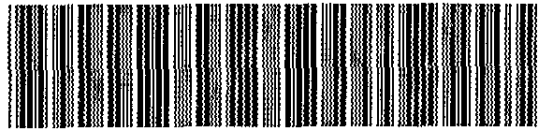
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: OCEAN RECREATION INC  
(Name of Corporation)

DOCUMENT NUMBER: P02000094563

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

Please return all correspondence concerning this matter to the following:

ROBERT B. RAE  
(Name of Person)

OCEAN RECREATION INC  
(Name of Firm/Company)

1910 SE 19TH STREET  
(Address)

LAUDERDALE BY THE SEA, FL 33062  
(City/State and Zip Code)

For further information concerning this matter, please call:

AMI CLENDINIEL RAE at ( 305 ) 393-1278  
(Name of Person) (Area Code & Daytime Telephone Number)

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**

I, ROBERT B. RAE, hereby resign as PRESIDENT / DIRECTOR  
(Title)

of OCEAN RECREATION INC,  
(Name of Corporation)

P02000094563, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

[Signature]  
(Signature of resigning officer/director)

**FILED**  
04 MAR 22 AM 8:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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