

P03000006439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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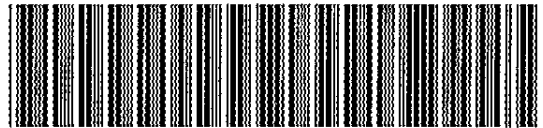
(Business Entity Name)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Seafood at Strickland's Jax., Inc.
(Name of Corporation)

DOCUMENT NUMBER: P03000006439

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

Please return all correspondence concerning this matter to the following:

Michael D. Strickland
(Name of Person)

Strickland's Seafood, Inc.
(Name of Firm/Company)

1787 Tiffany Pines Drive
(Address)

Jacksonville, FL 32225
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael D. Strickland at (904) 221-0389
(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, Michael D. Strickland, hereby resign as President / Director
(Title)

of Seafood at Strickland's Jax., Inc.
(Name of Corporation)

P03000006439, a corporation organized under the laws of the State of
(Document Number, if known)
Florida



(Signature of resigning officer/director)

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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