

P03000059805

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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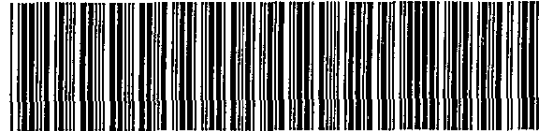
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*MM*  
*o/s resignation*  
*7/*

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: CRAB BUDDIES, INC.  
(Name of Corporation)

DOCUMENT NUMBER: P03000059805

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

Please return all correspondence concerning this matter to the following:

LIRAN PORTAL  
(Name of Person)

CRAB BUDDIES, INC.  
(Name of Firm/Company)

2802 N. 29TH AVE.  
(Address)

HOLLYWOOD FL. 33020  
(City/State and Zip Code)

For further information concerning this matter, please call:

LIRAN PORTAL at ( 917 ) 642-7406  
(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, NICOLE MOYAL, hereby resign as DIRECTOR / V.PRES / SEC  
(Title)

of CRAB BUDDIES, INC.  
(Name of Corporation)

P03000059805, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

Nicole Moyal  
(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

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