## P0400099031

| (Req                                  | uestor's Name)      |                                         |
|---------------------------------------|---------------------|-----------------------------------------|
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| (Addı                                 | ress)               | <del></del>                             |
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| (Addı                                 | ress)               |                                         |
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| (Cib./                                | State/Zip/Phone     | 40                                      |
| (City)                                | State/Zip/Priorie : | <del>"</del> )                          |
| PICK-UP                               | ☐ WAIT              | MAIL                                    |
|                                       |                     |                                         |
| (Busi                                 | ness Entity Name    | e)                                      |
|                                       |                     |                                         |
| (Doci                                 | ument Number)       | ····· - · · · · · · · · · · · · · · · · |
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| Certified Copies                      | Carliffantan        | of Chah                                 |
| Certified Copies                      | Certificates        | of Status                               |
|                                       |                     |                                         |
| Special Instructions to Fi            | ling Officer:       |                                         |
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ON DOS APR 09 2013 R. WHITE FILED

13 APR -4 PH 4: 20
SECRETARY OF STAJE

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| Í.  | ABEL    | SILVA      |                                       |                | , hereby resign as               | PRESIDENT         |                                     |          |
|-----|---------|------------|---------------------------------------|----------------|----------------------------------|-------------------|-------------------------------------|----------|
|     |         |            | · · · · · · · · · · · · · · · · · · · |                |                                  | (Ti               | tle)                                |          |
| of_ | S B     | MARINE     |                                       | SERVICE,       |                                  |                   |                                     | <u> </u> |
|     |         |            |                                       | (Name of Corpo | oration)                         |                   |                                     |          |
| _   | P04000  | 059031     | ifknoum                               | , a coi        | rporation organized unde         | r the laws of the | State of                            |          |
|     | (LOCUI  | nem Number | , ji kilowii)                         | '              |                                  |                   |                                     |          |
|     | FLORID. | <u>A</u>   |                                       | <del></del> •  |                                  |                   |                                     |          |
|     |         |            | Sil                                   | (Signature     | he of resigning officer/director | <del>)</del>      | 13 APR -4 PM 4:<br>SEGRETARY OF STA |          |

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

. . . . . .

| Ī.  | ABEL             | SILVA                 | hereby resign as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | PRESIDENT        |                               |                    |            |     |      |
|-----|------------------|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------------|--------------------|------------|-----|------|
| ·   |                  |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  |                               | (Ti                | tle)       |     |      |
| of_ | S B              | MARINE                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SERVICE,         |                               |                    |            |     |      |
|     |                  |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (Name of Corpora | ation)                        |                    | - · · ·    |     |      |
| ]   | P04000<br>(Docur | 059031<br>ment Number | r, if known)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | , a corp         | oration organized und         | er the laws of the | State of   |     |      |
| ]   | FLORID           | A                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ·                |                               |                    |            |     |      |
|     |                  | S                     | John Contract of the Contract | (Signature o     | of resigning officer/director | r)                 | <b>高</b> 里 | + 1 | ロニュコ |

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