## PD4000151872

(Re	equestor's Name)	
(Ac	ddress)	
(Ad	ddress)	
(Ci	ty/State/Zip/Phone #)	)
PICK-UP	☐ WAIT	MAIL
(Be	usiness Entity Name)	
(De	ocument Number)	
Certified Copies	Certificates of	Status
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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Best Day Charters (Name of Corporation)
DOCUMENT NUMBER: <u>PØ4ØØØ151872</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Name of Person)
COAST SVN (Name of Firm/Company)
2829 Bucker Ave (Address)
Everett WA 98201 (City/State and Zip Code)
For further information concerning this matter, please call:
Josh Dohring at (813) 784-2732 (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 2661 Executive Center Circle Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Joshua L. Dohring, hereby resign as Director
(Title)
of Best Day Charters INC. (Name of Corporation)
PO400151872 , a corporation organized under the laws of the State of (Document Number, if known)
FLORIDA.
(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