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(Requestor's Name) (Address) (Address)	-	200108575532		
(City/State/Zip/Phone #)	-	0+1	Ceseign 08/27/0701025020	
PICK-UP WAIT MAIL		Tlewis	08/27/0701025020	**35.00
(Business Entity Name)	-			
(Document Number)	-			
Certified Copies Certificates of Status	-			
Special Instructions to Filing Officer:				
			•	

Office Use Only

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: GRAY 35 MARINE SERVICE, INC., (Name of Corporation) DOCUMENT NUMBER: POSODO 46430
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
·
Please return all correspondence concerning this matter to the following:
Anthon Cnay (Name of Person)
Gray's Manine Service, Inc. (Name of Firm/Company)
6900 CK 214 (Address)
Melrose, FL 32666 (City/State and Zip Code)
For further information concerning this matter, please call:
Anchun Conay at (352) 475-5645 (Name of Person) at (352) 475-5645 (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
Post Office Box 6327
Tallahassee, FL 32314

CR2E044(08/05)

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Anthuir J. Gnry, hereby resign as Directin (Title)	ĩ
of Gray's Manue Senvice, INC. (Name of Corporation)	
(Document Number, if known), a corporation organized under the laws of the State of	
FLORIDIA.	
(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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Convice Tu

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