

P050000047652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300209849093

07/12/11--01006--003 \*\*35.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 JUL 12 PM 2:19

DD/RES  
@ 7/12/11

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MARSCOM INC

(Name of Corporation)

**DOCUMENT NUMBER:** P05000047652

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

Please return all correspondence concerning this matter to the following:

ADAM ROSS

(Name of Person)

MARSCOM INC

(Name of Firm/Company)

15332 W DIXIE HWY

(Address)

NORTH MIAMI BEACH, FL 33162

(City/State and Zip Code)

For further information concerning this matter, please call:

MARK STELLA

(Name of Person)

at ( 305 ) 940-6482

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**

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

**Mailing Address:**

Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

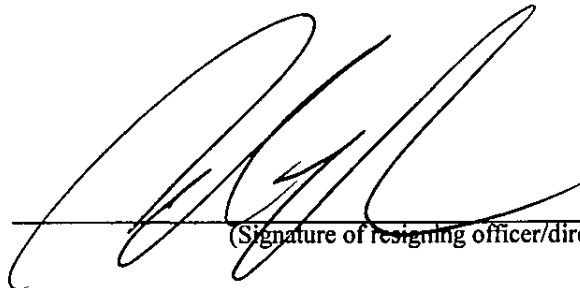
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, ADAM ROSS, hereby resign as PRESIDENT  
(Title)

of MARSCOM INC  
(Name of Corporation)

P05000047652, 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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 JUL 12 PM 2:19