

P05000101010

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

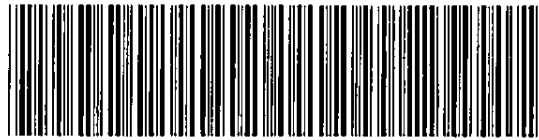
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800426532638

01/01/24--01018--012 **35.00

FILED
JAN 01 2024
AM 6:01
TALLAHASSEE, FL
CLERK OF STATE

RECEIVED
01/01/24

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Campbell's Marine Service, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P05000101010

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Office Manager

(Name of Person)

Ford Miller & Wainer PA

(Name of Firm/Company)

1835 3rd St N

(Address)

Jacksonville Beach FL 32250

(City/State and Zip Code)

For further information concerning this matter, please call:

Office Manager _____ at (_____) _____
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

REC'D
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL
JUN 11 1991
AM 6:01

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, David Wainer
(Name of Registered Agent)


hereby resigns as Registered Agent for Campbell's Marine Service, Inc.
(Name of Corporation)

P05000101010

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

FILED
2019-11-14 AM 6:01
TALLAHASSEE, FL
DEPT. OF STATE

Fee for filing this document:

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314