

P05000131430

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

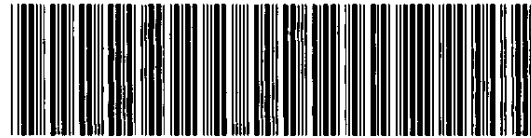
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400183340414

07/20/10--01011--004 **35.00

FILED
2010 JUL 20 AM 8:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

off. Resign.

TB

JUL 21 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SWIFTSURE MARINE INC.
(Name of Corporation)

DOCUMENT NUMBER: POS000131430

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

Please return all correspondence concerning this matter to the following:

PETER KNOX
(Name of Person)

PLKJ INC
(Name of Firm/Company)

3050 NE 47 CT #407
(Address)

FORT LAUDERDALE, FL 33308
(City/State and Zip Code)

For further information concerning this matter, please call:

PETER KNOX at (954) 649-3810
(Name of Person) (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

CHK# 1054
PLKJ INC

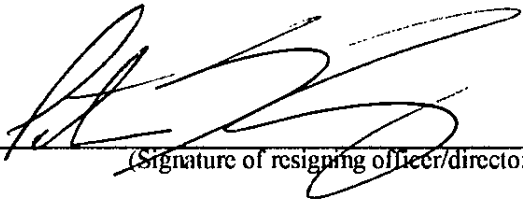
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, PETER KNOX, hereby resign as DIRECTOR
(Title)

of SWIFTSURE MARINE, INC.
(Name of Corporation)

P05000131430, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

X 
(Signature of resigning officer/director)

FILED
2010 JUL 20 AM 8:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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