## 206000009036

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Coples	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only





04/05/06--01025--014 \*\*35.00

O/D resign

## **COVER LETTER**

SUBJECT: FERBEN SEAFOOD, INC. (Name of Corporation)
DOCUMENT NUMBER: PO6 00000 9036
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
GRACIELA V. FERNANDEZ (Name of Person)
FERBEN SEAFOOD, INC (Name of Firm/Company)
1632 S. BAYSHORE CT # 503 (Address)
City/State and Zip Code)
For further information concerning this matter, please call:
(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
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

TO:

Amendment Section Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



I, GRACIETA V FERNANDEZ, hereby resign as Vice Pres / Title)	EAS
of FERBEN SEMFOOD INC (Name of Corporation)	,
PO60000 9036 a corporation organized under the laws of the Sta	te of
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