P06000017369

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
·	_	·
(Do	ocument Number)	
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



300082031403

11/27/06--01003--020 **35.00

TALLAHASSEE. FLORIDA

FILED

C. Coulliste NOV 2 8 2006

COVER LETTER

SUBJECT: Marines Garden INC. (Name of Corporation)
(Name of Corporation)
DOCUMENT NUMBER: P 06000017369
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Orlando Marin (Name of Person)
(Name of Person)
Marines Garden INC. (Name of Firm/Company)
(Name of Firm/Company)
17770 SW 200 ST. (Address)
Miami Fl. 33187. (City/State and Zip Code)
For further information concerning this matter, please call:
Orlando Marin at (305) 431 4393. (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)

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

Amendment Section Division of Corporations

TO:

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

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, Luz	Marin	, ł	nereby resign as_	VP.	(Title)		
of Mari	INCS Gare	Corporation)	INC.	· · · · · · · · · · · · · · · · · · ·		,	
P060)00011369 Number, if known)			der the laws of	the State o) f 	
- FU	ORIDA.	٠,					
	Jue (Sig	5 I III 2 gnature of resi	TYNY M gning officer/direct	or)	TALLAHA	2006 NOV 27	
	r.	LINC FEE	· 15 \$35 AA		ARY OF STA	Y27 AMII:	777

Make checks payable to Florida Department of State and mail to:

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