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(Re	equestor's Name)	
(Ac	ddress)	
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•	,	
(6)	to (Chaha IZin ID)	- 40
(C)	ty/State/Zip/Phone	∋ #)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nar	ne)
· (Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

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08 JUN 30 AM 9: 53
SECRETARY OF STATE
WHIT AHASSEE FLORID

0 D Resign 7/3/08 Dr

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Athortic STAR SEAF	oration)
DOCUMENT NUMBER: PO 60000 18 1 48	
The enclosed Officer/Director Resignation for a Corporation	on and fee are submitted for filing.
Please return all correspondence concerning this matter to	the following:
(Name of Person)	
(Name of Firm/Company)	re.
800 MayPort Road UM (Address)	<u>i</u> t 10
ATLONTIC BENEH FL 322 (City/State and Zip Code)	<u>5</u> 2
For further information concerning this matter, please call	
(Name of Person) at (<u>786</u> (Area Co) 546 2096 de & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florid	a 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 Corporat Post Office Box 632' Tallahassee, FL 323	7

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Artura Ka	1 SER_, hereby resign as_	TEASURER (Title)
or Atvantic Str	Name of Corporation)	<u> </u>
(Document Number, if known)	, a corporation organized und	er the laws of the State of
Floris	· ()	
		OS JUN 30
	(Signature of resigning officer/director	30 AM
		M 9: 53

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

FILING FEE IS \$35.00

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