PD60000021299

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cil	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
,	ŕ	
Certified Copies	Pertified Copies Certificates of Status	
Special Instructions to	Filing Officer:	

Office Use Only



200188704422



12/17/10--01017--001 **87.50

RA RES 10/10

COVER LETTER

UBJECT: Sessa Marine An	erica, Inc. (Name of Corporation)
OCUMENT NUMBER: PO	6000021299
he enclosed Resignation of Re	gistered Agent for a Corporation and fee are submitted for filing.
lease return all correspondence	concerning this matter to the following:
Pilar N. DeJesus	
(Name of	Person)
aw Office of Pilar N. DeJes	us, Esq.
(Name of Firm	(Company)
14 Rose Drive	
(Addre	ss)
Fort Lauderdale, FL 33316	
(City/State and	Zip Code)
or further information concern	ng this matter, please call:
Pilar N. DeJesus	at (954) 463-3411
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Pilar N. DeJesus, Esq.
(Name of Registered Agent)
hereby resigns as Registered Agent for Sessa Marine America, Inc.
(Name of Corporation)
P06000021299
(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)
(Typed of Timed Name)
(Capacity)
(Capacity)

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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