

**POBDDH162**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

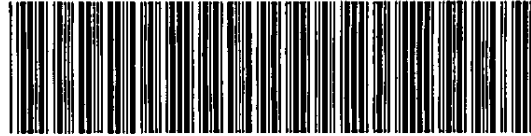
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

2 doc's, 1 fee

Office Use Only



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FEB 11 2016  
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15 NOV 19 PM 3:20

OLD RES.

NOV 19 2015

K. WHITE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 5, 2015

OSCAR MEDINA  
2700 S PARK RD  
PEMBROKE PINES, FL 33009

SUBJECT: RENOVASHIP, INC  
Ref. Number: P06000046502

We have received your document for RENOVASHIP, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have submitted two documents under one filing fee. Please choose one and resubmit. The resignation of officer/director is not required when filing articles of amendment. All changes can be made using that form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

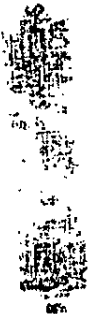
If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White  
Regulatory Specialist II

Letter Number: 515A00023459

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15 NOV 19 PM 12:09



## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** RENOVASHIP INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P06000046502

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

Please return all correspondence concerning this matter to the following:

OSCAR MEDINA

(Name of Person)

RENOVASHIP

(Name of Firm/Company)

2700 S PARK RD

(Address)

PEMBROKE PARK FL 33009

(City/State and Zip Code)

For further information concerning this matter, please call:

OSCAR MEDINA

(Name of Person)

at ( 954 ) 342-9062

(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  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, DENNIS RODRIGUEZ, hereby resign as PRESIDENT  
(Title)

of RENOVASHIP INC  
(Name of Corporation)

P06000046502, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

**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

15 NOV 19 PM 3:20  
TALLAHASSEE, FLA