

P060000054228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

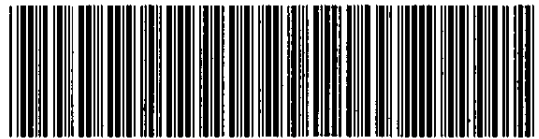
(Business Entity Name)

(Document Number)

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900148518459

*Resignation  
of Officer*

04/10/09--01017--006 \*\*35.00

FILED  
2009 APR 10 PM 2:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*POK  
4/13/09*

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Roberts Bay Development Corp.  
(Name of Corporation)

**DOCUMENT NUMBER:** PO 6000054228

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

Please return all correspondence concerning this matter to the following:

Roberta Hine  
(Name of Person)

Roberts Bay Development Corp.  
(Name of Firm/Company)

601 EIKAM CIRCLE  
(Address)

MARCO ISLAND FLA. 34145  
(City/State and Zip Code)

For further information concerning this matter, please call:

Roberta Hine at ( 239 ) 642-7630  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida 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 Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

**FILED**

**2009 APR 10 PM 2:56**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

I, Robert Hine, hereby resign as Director  
(Title)

of Roberts Bay Development Corp.  
(Name of Corporation)

PO6000054228, a corporation organized under the laws of the State of  
(Document Number, if known)

FLA.

  
(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