

# POL000136668

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

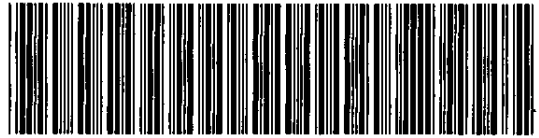
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12/11/07--01014--020 \*\*35.00

2007 DEC 11 PM 4:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ED



Officer Resign  
Erin Murphy  
12/12/07

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DEEP SPLASH, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P06000136668

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

Please return all correspondence concerning this matter to the following:

ASAF KOTTEN  
(Name of Person)

DEEP SPLASH, INC.  
(Name of Firm/Company)

1100 W. OAKLAND PK BLVD.  
(Address)

MILTON MANORS FL 33311  
(City/State and Zip Code)

For further information concerning this matter, please call:

ASAF KOTTEN at ( 361 ) 749-1663  
(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**

I, DANIELLE COHEN, hereby resign as SBC  
(Title)

of DEEP SPLASH, INC  
(Name of Corporation)

PO6000136668, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

*CE Danielle H. Cohen*  
(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

**FILED**  
**07 DEC 11 PM 4:16**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA