

P070000638723

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

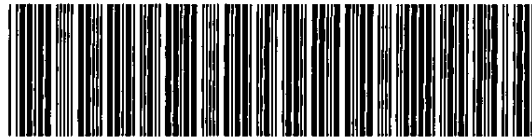
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: C.L. MARITIME (FLORIDA), INC.
(Name of Corporation)

DOCUMENT NUMBER: P07000038723

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

ROGELIO DE CARDENAS CUESTA
(Name of Person)

C.L. MARITIME (FLORIDA), INC.
(Name of Firm/Company)

10637 NORTH KENDALL DRIVE, SUITE 7 E
(Address)

MIAMI, FLORIDA 33176
(City/State and Zip Code)

For further information concerning this matter, please call:

ROGELIO DE CARDENAS CUESTA at (305) 598-8088
(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**

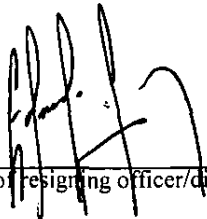
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, EDUARDO E GADEA, hereby resign as SECRETARY
(Title)

of C.L. MARITIME (FLORIDA), INC.
(Name of Corporation)

P07000038723, 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