P07000080943

(Re	questor's Name)			
·	·			
(Ade	dress)			
(Ad	dress)			
(6)	u(Chaha /7/m/IDhana			
(Cir	y/State/Zip/Phone ≉	*)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Name)		
(Do	cument Number)			
Certified Copies	Certificates o	of Status		
,	-			
Special Instructions to	Filing Officer:			

Office Use Only



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11/26/07--01057--004 **35.00

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Officer Resign Evin murphy 11/2a/07

COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	ECT: LA SIRENE OCEAN LINE, INC.
0020	(Name of Corporation)
DOC	UMENT NUMBER: P07000080943
The e	nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please	return all correspondence concerning this matter to the following:
Berr	ard Tribie
	(Name of Person)
LA S	SIRENE OCEAN LINE, INC.
	(Name of Firm/Company)
2199	NORTHWEST SOUTH RIVER DRIVE
	(Address)
MIAI	MI FL 33125
	(City/State and Zip Code)
For fu	rther information concerning this matter, please call:
Berna	ard Tribie at (786) 227-0880
	(Name of Person) at (786) 227-0880 (Area Code & Daytime Telephone Number)
Enclos	sed is a check for \$35.00 made payable to the Florida Department of State.
Amend Division Cliftor 2661 E	Address: Idment Section In on of Corporations In Building Executive Center Circle Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. Bernard Tribie	, hereby resign as_	DVPT	
/	,, ,, ,	(Titl	e)
of LA SIRENE OCEAN LINE, IN	C.	,	
	of Corporation)		
P07000080943 (Document Number, if known)	, a corporation organized un	der the laws of the S	State of
Florida			
J-emi	Signature of resigning officer/direct	or)	FILED 07 NOV 26 PM 3: SEUNETARY OF STA TALLAHASSEE, FLOR
I	FILING FEE IS \$35.00		I 3

Amendment Section
Division of Corporations
P.O. Box 6327

Make checks payable to Florida Department of State and mail to:

Tallahassee, Florida 32314