P08000038841

(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:						
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900152686689

resignation

04/28/09--01015--022 **35.00

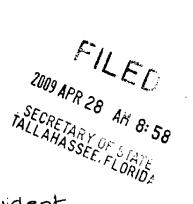
2009 APR 28 AM 8: 58
SECRETARY OF STATE

40/200 5/5/00

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Hemispheres Bay Market (Name of Corporation)
DOCUMENT NUMBER: 002887030071
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Hemispheres Bay Market (Name of Person)
Max Alexandur Ruchlun (Name of Firm/Company)
1885 S. Ocean draire (Address)
Hall and ale FL 33009 (City/State and Zip Code)
For further information concerning this matter, please call:
Audra at (954) 284-8408 (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



Max	Alexandur	Ruch	luin . hereby res	ign as	
					(Title)
of Her	mispheres	Bay	Marchet	lne.	<u>.</u>
	•	(Name of Co	rporation)		
		, a (corporation organi	zed under	the laws of the State of
(Doc	cument Number, if known)			
Flore	ida	·			
			•		

FILING FEE IS \$35.00

Signature of resigning officer/director)

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

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314