

P08000045321

(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:

Office Use Only



100287778361

06/14/16--01018--017 \*\*105.00

o/d  
Resign.

JUL 12 2016

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 JUL -1 PM 4:47

FILED

JUL 12 2016

D CONNELL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 1, 2016

JAMES M. VIERECK  
9100 PENELOPE DR.  
BROOKSVILLE, FL 34613

SUBJECT: JMAR DISTRIBUTION, INC.  
Ref. Number: P08000045321

We have received your document for JMAR DISTRIBUTION, INC.. However, the document has not been filed and is being returned for the following:

The fee to file your document is \$35.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 216A00013894



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 21, 2016

MARLENE A. VIERECK  
9100 PENELOPE DRIVE  
BROOKSVILLE, FL 34613

SUBJECT: JMAR DISTRIBUTION, INC.  
Ref. Number: P08000045321

We have received your document and check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please list each resigning officer on separate forms.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 416A00012991

# TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

SUBJECT: Jmar Distribution Inc  
(Name of Corporation)

DOCUMENT NUMBER: P08000045321

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

Please return all correspondence concerning this matter to the following:

James M. Viebeck  
(Name of Person)

(Name of Firm/Company)

9100 Penelope Dr  
(Address)

Brooksville FL 34613  
(City/State and Zip Code)

For further information concerning this matter, please call:

MARlene Viereck at ( 352 ) 597-3334  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, James M. Viereck, hereby resign as Director  
(Title)

of Imar Distribution, Inc  
(Name of Corporation)

708000045321, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

James M. Viereck  
(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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 JUL - 1 PM 4:47

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