P1000087383

(Re	equestor's Name)	_		
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
·				

Office Use Only



600222788696

02/27/12--01027--014 **35.00

CPETARY OF STATE OF CORPORATIONS

FILEU

OF CORPORATIONS

FILEU

OF CORPORATIONS

FEB 27 PH 2:27

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: TRADELINE MAI	RINE TRANSPORT, INC	
	(Name of Corpora	ation)
DOCUMENT NUMBER: P	10000087383	
The enclosed Officer/Director Re	esignation for a Corporation	and fee are submitted for filing
Please return all correspondence	concerning this matter to th	e following:
Amber Hoffman		
(Name of P	Person)	
(Name of Firm	/Company)	
6458 Emerald Dunes Dr #30	7	
(Addre	ss)	
WPB FL 33411		
(City/State and	Zip Code)	
For further information concerning	ng this matter, please call:	
Amber Hoffman	at (561 .	281-5669 & Daytime Telephone Number)
(Name of Person)	· (Area Code	& Daytime Telephone Number)
Enclosed is a check for \$35.00 m	nade payable to the Florida I	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 Corporation Post Office Box 6327 Tallahassee, FL 32314	

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. Amber K Hoffman	, hereby resign as VP	
7)	, nervey resign us_	(Title)
of_TRADELINE MARINE TRAN		
	me of Corporation)	
(Document Number, if known)	a corporation organized under the la	aws of the State of
FLORIDA		
feelell	(Signature of resigning officer/director)	DIVISION OF CORPORATIONS, DIVISION OF CORPORATIONS, 12 FEB 27 PH 2: 27
	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