110000099423

(Re	equestor's Name)	
, (A d	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Shrimpy's Seaf	food & Distribution Inc.
	(Name of Corporation)
DOCUMENT NUMBER:	P1000099423
The enclosed Officer/Director	Resignation for a Corporation and fee are submitted for filing
Please return all corresponden	ce concerning this matter to the following:
Travis Martin	
(Name o	f Person)
Shrimpy's Seafood & Distr	ibution Inc.
(Name of Fig	rm/Company)
5156 Aventura Blvd.	
(Add	ress)
Orlando FL., 32839	
(City/State a	nd Zip Code)
For further information concer	ning this matter, please call:
Travis Martin	at (407) 914-7873 (Area Code & Daytime Telephone Number)
(Name of Person	n) (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

Anita Martin	, hereby resign as President/Director
**	(Title)
*	
of Shrimpy s Seafood Dis	ribution Inc.
<u> </u>	(Name of Corporation)
P1000099423	, a corporation organized under the laws of the State of
(Document Number, if know	n)
Florida	·
	Inital Month
•	(Signature of resigning officer/director)
	9

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