

P11000081315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

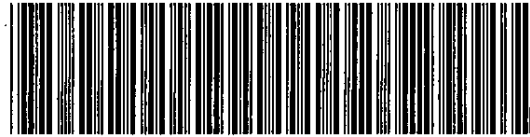
(Business Entity Name)

(Document Number)

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C. MUSTAIN

*Handwritten signature*

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** K B FISHERIES, INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P11000081315

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

Please return all correspondence concerning this matter to the following:

MICHAEL W KIMBLER  
(Name of Person)

K B FISHERIES, INC  
(Name of Firm/Company)

101 SHORE AVE  
(Address)

KEY WEST , FLORIDA 33040  
(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL W KIMBLER at ( 305 ) 395-9288  
(Name of Person) (Area Code & Daytime Telephone Number)

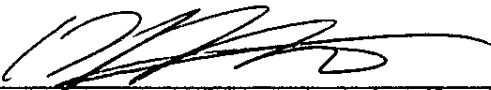
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**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**

I, CARL M KIMBLER, hereby resign as PRESIDENT (Title)  
of K B FISHERIES INC (Name of Corporation)  
P11000081315, a corporation organized under the laws of the State of  
(Document Number, if known)  
FLORIDA

  
(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