

P120 00070185

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: OCEAN WORLD MIAMI BEACH, CORP
(Name of Corporation)

DOCUMENT NUMBER: P12000070185

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

Please return all correspondence concerning this matter to the following:

SCOTT LOCKE

(Name of Person)

AMERICAS CUP MIAMI

(Name of Firm/Company)

77 Harbor Dr. #44

(Address)

Key Biscayne Fl 33149

(City/State and Zip Code)

For further information concerning this matter, please call:

SCOTT LOCKE

(Name of Person)

at (786)

802-2018

(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

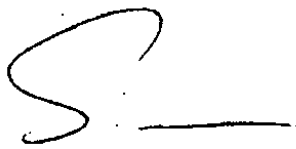
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, SCOTT LOCKE, hereby resign as D/P
(Title)

of OCEAN WORLD MIAMI BEACH, CORP
(Name of Corporation)

P12000070185, 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

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