P12000074065

	(Requestor's Name)	
	(Address)	
•	(Address)	
	(City/State/Zip/Phone #)	
PICK-UF	WAIT MAIL	
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		

Office Use Only



200242898192

01/02/13--01010--017 **35.00

13 JAN -2 FH 1: 28

FALES SECRETARY OF STATE DIVISION OF CORPORATIONS



TRANSMITTAL LETTER

Division of Corporations
SUBJECT: Docklife, Inc. (Name of Corporation)
DOCUMENT NUMBER: P /20000 74065
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Oroldo Olvarez (Name of Person)
(Name of Person)
Docklife, Inc. (Name of Firm/Company)
(Name of Firm/Company)
397 Oleander Drive (Address)
Tavernier, Florida 33070 (City/State and Zip Code)
For further information concerning this matter, please call:
· ·
Sandry Mendey (Name of Person) at (305) 735-4728 (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

TO:

Amendment Section

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, arolao alua	, hereby resign as president (Title)	
of Docklife;	(Name of Corporation)	_,
P12000074065 (Document Number, if kr	, a corporation organized under the laws of the State of	
flurido.		
_		SE SECTION

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