

P13000081944

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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R. WHITE

12.5.15

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Shoreline Solutions, Inc
(Name of Corporation)

DOCUMENT NUMBER: P13000081944

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

Please return all correspondence concerning this matter to the following:

John Lehnen
(Name of Person)

Shoreline Solutions Inc
(Name of Firm/Company)

1640 E Sunrise Blvd #2411
(Address)

Fort Lauderdale, FL 33304
(City/State and Zip Code)

For further information concerning this matter, please call:

John Lehnen at (954) 918-0680
(Name of Person) (Area Code & Daytime Telephone Number)

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

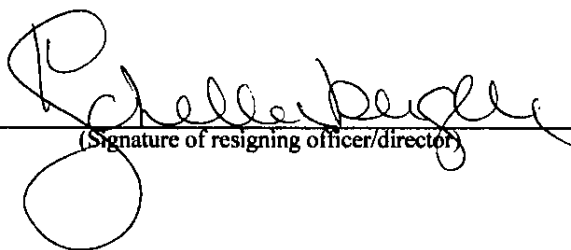
Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

12.5.15

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Holly A. Schellenberger hereby resign as President/Treasure
(Title)
of Shoreline Solutions Inc
(Name of Corporation)
P3000081944, 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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TALLAHASSEE, FLORIDA