## P14000010059

(Re	equestor's Name)	<del></del>
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone #	)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Name	)
(Do	ocument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	-





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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: NSB MANATRIACE INC (Name of Corporation)
DOCUMENT NUMBER: P1400016659
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
David G. Fisch (Name of Person)
NSB Marketplace Toc. (Name of Firm/Company)
1489 Nappa Drive (Address)
Port Orange FL 32128 (City/State and Zip Code)
For further information concerning this matter, please call:
David G. Fisch at (386) 8(8-9755 (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:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 63272661 Executive Center CircleTallahassee, FL 32314Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, DAVID G FISCH, hereby resign as DESIDENT
(Title)
of NSB MADVETPLACE INC. (Name of Corporation)
(Name of Corporation)
P14000 16659, a corporation organized under the laws of the State of (Document Number, if known)
FLCMIDA.
(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