P1500033878

| (Re | equestor's Name) | |
|---|--------------------|-------------|
| (Ad | ldress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | rsiness Entity Nar | ne) |
| (Document Number) | | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
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COVER LETTER

| TO: Amendment Section Division of Corporations |
|--|
| SUBJECT: Dolphin Supplement, Inc. (Name of Corporation) |
| (Name of Corporation) DOCUMENT NUMBER: P15000032878 |
| The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing |
| Please return all correspondence concerning this matter to the following: |
| Mark A. Salameh, Esq. |
| (Name of Person) |
| (Name of Firm/Company) |
| 12650 New Brittany Blvd. |
| (Address) |
| Fort Myers FL 33907 |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Mark Salameh (Name of Person) at (239 277-0087 (Area Code & Daytime Telephone Number) |
| Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active co |

ration or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

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RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, |
|---|
| Florida Statutes, the undersigned, Mark A. Salameh, Esq. |
| (Name of Registered Agent) |
| hereby resigns as Registered Agent for Dolphin Supplement, Inc. |
| (Name of Corporation) |
| P15000032878 |
| (Document Number, if known) |
| A copy of this resignation was mailed to the above listed corporation at its last known address. |
| The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed. |
| TALL SEPTIME |
| (Signature of Resigning Agent) |
| If signing on behalf of an entity: |
| |
| |
| (Typed or Printed Name) |
| |
| |
| (Capacity) |

Fee for filing this document:

\$87.50 - Active Corporation
\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314