## P17000633

| (6)                                     |   |
|---|---|
| (Requestor's Name)                      |   |
| (Address)                               | _ |
|   |   |
| (Address)                               | _ |
|   |   |
| (City/State/Zip/Phone #)                |   |
| PICK-UP WAIT MAIL                       |   |
|   |   |
| (Business Entity Name)                  |   |
| (Document Number)                       |   |
| (Bossine), rumber,                      |   |
| Certified Copies Certificates of Status |   |
|   |   |
| Special Instructions to Filing Officer. |   |
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Office Use Only



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JUN 1 9 2017 S. YOUNG

## TRANSMITTAL LETTER

| Division of Corporations   |
|--|
| SUBJECT: Atlantic Marine Prysims Inc.  DOCUMENT NUMBER: 17000000000000000000000000000000000000 |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  |
| Please return all correspondence concerning this matter to the following:                      |
| essyca Golemburski (Name of Person)  |
| Hartic Marine Prinisims (Name of Firm/Company)   |
| 790 S. Lake Sybelia Dr.  |
| Mait and FL 32751<br>(City/State and Zip Code)   |
| For further information concerning this matter, please call:                                   |
| (Name of Person) at (407) 383-6516 (Area Code & Daytime Telephone Number)                      |

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

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

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

TO:

Amendment Section

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| 1. CSMCU Go embraski hereby resign as President                                     | itle)      |  |
|---|------------|--|
| of Atlantic Manne Previsions, Inc. (Name of Corporation)                            |            |  |
| 170006533 a corporation organized under the laws of the (Document Number, if known) | : State of |  |
| Alvida.   |            |  |
| 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