193000045938

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

Office Use Only



500119240295

03/03/08--01023--011 **35.00

OO MAR - 3 AMII: 14

FILED SECRETARY OF STATE SIVISION OF CORPORATIONS

RAJRES 103/4/08

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Gulfside Docks & lifts	(Name of Corporation)
Po200	
DOCUMENT NUMBER: P9300	00043936
The enclosed Resignation of Registe	ered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence cor	ncerning this matter to the following:
Nina Wierback	
(Name of Person	on)
EWJ Enterprises, Inc. DBA Aqu	a Marine Const.
(Name of Firm/Con	mpany)
P.O. Box 510157	
(Address)	
Melbourne Beach, FL 32951	
(City/State and Zip	Code)
For further information concerning t	this matter, please call:
Nina Wierback	at (321) 676-3625
(Name of Person)	at (321) 676-3625 (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to or \$35.00 for an administratively dis	o the Florida Department of State for \$87.50 for an active corporation ssolved, voluntarily dissolved or withdrawn corporation.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

CR2E046(08/05)

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	s 607.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned, _	Edward J. Wierback, Jr.	
	(Name of Registered Agent)	
hereby resigns as Registered Agent f	Grange Gulfside Docks & Lifts, Inc.	,
	(Name of Corporation)	
P93000045938		
(Document Number, if known)		
A copy of this resignation was maile	d to the above listed corporation at its last known add	dress.
The agency is terminated and the off this statement is filed.	ice discontinued on the 31st day after the date on wh	ich
Edward	(Signature of Resigning Agent)	
If signing on behalf of an entity:	, ··	97
		NSECTION NO.
		多
	(Typed or Printed Name)	SECRETARY OF STATI
		Z XX
		STA NRAI
	(Censcity)	57

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withdrawn corporation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