(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Na	me)
(Document Number)		
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
ŕ	•	



400110326184

10/08/07--01037--003 **35.00

2007 OCT -8 AM 10: 06

Office Use Only

TB

10-11-11

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: MARINA DOCK EQUIAMENT INC. (Name of Corporation)		
DOCUMENT NUMBER: P 9 4 0000 79706		
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:		
WILLIAM J. PREY/IN (Name of Person)		
(Name of Person)		
(Name of Pirm/Company)		
1764 N.W. 88 WAY (Address)		
CORAL SPRING, SF (City/State and Zip Code)		
For further information concerning this matter, please call:		
(Name of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.		
Street Address: Amendment Section Division of Corporations Clifton Building Clother Circle Tallahassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314		

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION RESIGNATION OF REGISTERED AGENT AM 10: 06 Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, Resident Acceptable for Acc
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, $\frac{12.5}{5.00}$
Florida Statutes, the undersigned, William J. BREVIII (Name of Registered Agent)
(Name of Registered Agent)
hereby resigns as Registered Agent for MARINA ODOCK EQUITATION, INC. (Name of Corporation)
P950000 79706
(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. (Signature of Resigning Agent)
If signing on behalf of an entity:
(Typed or Printed Name)

Fee for filing this document:

\$87.50 - Active corporation

(Capacity)

\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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 Taliabassee, FL 32314