

P96000054067

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

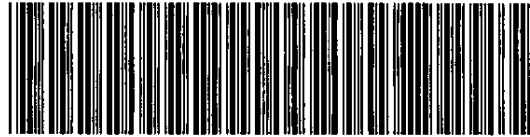
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400270852794

04/03/15--01023--016 \*\*35.00

State of New York  
Division of Taxation  
15 APR - 3 PM 2:26

CL  
4-8-15

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** GREGORY MARINE INSURANCE, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P96090054067.

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

NOEL G. Silberberg  
(Name of Person)

GREGORY MARINE INSURANCE, Inc.  
(Name of Firm/Company)

8260 SW 204<sup>th</sup> ST.  
(Address)

Miami, FL. 33189  
(City/State and Zip Code)

For further information concerning this matter, please call:

NOEL G. Silberberg at (305) 216-3069  
(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:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

15 APR -3 PM 2:26

I, DAVID G. SILBERBERG, hereby resign as SECRETARY TREASURER & Director  
(Title)

of GREGORY MARINE INSURANCE, INC.  
(Name of Corporation)

P96000054067, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(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