P97000063524

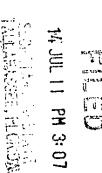
(Reque	stor's Name)	
(Addre	ss)	
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(City/Si	tate/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Busine	ess Entity Name)
(Docun	nent Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filir	ng Officer:	
Special Instructions to Filin	ng Officer:	

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JUL 2.5 2014 C. CARROTHERS

COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	ECT: International Performance Marine, Inc.
DOCU	(Name of Corporation) UMENT NUMBER: P97000063524
The en	aclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
Mic	hael E. O'Connor (Name of Person)
Mor	rgan, Carratt and O'Connor, P.A. (Name of Firm/Company)
111	SE 12th Street
For	t Lauderdale, FL 33316 (City/State and Zip Code)
For fu	rther information concerning this matter, please call:
Mic	(Name of Person) at (954) 728-8585 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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
2661 Executive Center 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

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Michael E. O'Connor
(Name of Registered Agent)
hereby resigns as Registered Agent for International Performance Marine, Inc.
(Name of Corporation)
P9700063524
(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)
(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