P98000052147

| (Re | questor's Name) | |
|-------------------------|-------------------|-------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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TALLAHASSEF F STATE

off. Resign.

TB

FEB - 5 2010

COVER LETTER

Holeinthewater Shrimp Co (Name of Corporation) P98000052147 **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Susan Steingress (Name of Person) Holeinthewater Shrimp Co (Name of Firm/Company) 6702 Riverside Drive (Address) Yankeetown Florida 34498 (City/State and Zip Code) For further information concerning this matter, please call: Susan Steingress (Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Street Address: Mailing Address: **Amendment Section** Amendment Section Division of Corporations Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Post Office Box 6327 Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| | DIRECTOR RESIGNATION OR A CORPORATION 20/0FEB |) |
|--|---|----|
| , Larry Emig | PR A CORPORATION TALLANDARY OF STATE ORIO. TOTAL AND SECURITARY OF STATE ORIO. (Title) | 'o |
| Holeinthewater Shrimp Co. | | |
| (Name | e of Corporation) | |
| P98000052147 (Document Number, if known) | , a corporation organized under the laws of the State of | |
| 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