

P98000077154

FILED  
00 APR 10 AM 10:17  
TALLAHASSEE, FLORIDA  
STATE

Requester's Name  
Address  
City/State/Zip Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)

200003202222--8

-04/10/00--01139--023

2. \_\_\_\_\_  
(Corporation Name) (Document #)

\*\*\*\*148.98 \*\*\*\*35.00

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

*OFFERS  
4-18-00  
PKS*

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

Examiner's Initials

Corporate Documents  
Department of State  
Division of Corporation  
Corporate Filings  
PO Box 6327  
Tallahassee, FL 32314

**FILED**  
00 APR 10 AM 10:17  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

March 23, 2000

**TO WHOM IT MAY CONCERN:**

I would like to resign from the Officer position of President in the Able Mariners Consortium. Please find enclosed the \$35.00 for the deletion of my name from this corporation immediately.

Thank you in advance for your cooperation.

Sincerely,



Michael Miller  
7035 19<sup>th</sup> Way N.  
St. Petersburg, FL 33702  
(727)381-5517