P99000042874

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
☐ PICK-UP	☐ WAIT	☐ MAIL
	<u> </u>	His de
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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09/10/04--01021--015 **35.00

Off Resign



TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations	
SUB	DECT: Moby Dick Food Services, Inc.	
	(Name of Corporation)	
DOC	UMENT NUMBER: P99000042874	
The	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filling	1g.
Pleas	e return all correspondence concerning this matter to the following:	
Kat	nryn M. Munin	
	(Name of Person)	•
Мо	by Dick Food Services, Inc.	
	(Name of Firm/Company)	
c/o	2430 S.W. 4th Street	
•	(Address)	
Mia	mi, FL 33135-2908	
	(City/State and Zip Code)	
For f	urther information concerning this matter, please call:	
Kati	ryn M. Munin at (305) 642-7765	
	(Name of Person) at (305) 642-7765 (Area Code & Daytime Telephone Number)
Encl	osed is a check for \$35.00 made payable to the Florida Department of State.	
Ame Divis P.O.	ing Address: Indiment Section Ion of Corporations Box 6327 Indian Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32314 Tallahassee, FL 32399	

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

OF SEPTOMONI

I, Kathryn M. Munin	hereby resign as President/Secretary (Title)
of Moby Dick Food Services, I	c.
	e of Corporation)
UBR #P99000042874 (Document Number, if known)	, a corporation organized under the laws of the State of
*	

(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