## 99000048720 P.O. Box 354845 Palm Coast, FL 32135-4845 Toll Free 877,870,2628 City/State/Zip Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) ☐ Pick up time Walk in Certified Copy ☐ Mail out ☐ Will wait Photocopy Certificate of Status **NEW FILINGS AMENDMENTS** Profit ☐ Amendment ☐ Not for Profit Resignation of R.A., Officer/Director Limited Liability ☐ Change of Registered Agent Domestication ☐ Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/QUALIFICATION ■ Annual Report Foreign Limited Partnership ☐ Fictitious Name Reinstatement Trademark Other

**Examiner's Initials** 

## OFFICER / DIRECTOR RESIGNATION

OI MAY IL AMIL: 16
TALCAHASSEE, FLORID

I, <u>LINDA A. Musto</u> , hereby resign as <u>President</u> (Title)
of Boat Savers de.  (Name of Corporation)
a corporation organized under the laws of the State of Florida
and affirm that the corporation has been notified in writing of the resignation.

(Signature of resigning officer/director)

## FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314