

568446

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

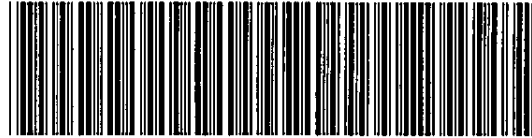
(Business Entity Name)

(Document Number)

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09/27/16--01008--015 \*\*35.00

*010-Resign*

S. TALLENT

SEP 30 2016

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 SEP 27 PM 2:46

FILED

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MOTEL MARINER, INC  
(Name of Corporation)

**DOCUMENT NUMBER:** 568446

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JEANNINE DROVIN  
(Name of Person)

MOTEL MARINER, INC  
(Name of Firm/Company)

P.O. Box 672  
(Address)

CAPE CANAVERAL, FL 32920  
(City/State and Zip Code)

For further information concerning this matter, please call:

J. DROVIN at ( 321 ) 784-3479  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, FRANCINE DROVIN, hereby resign as STVD  
(Title)

of MOTEL MARINER INC  
(Name of Corporation)

568446, a corporation organized under the laws of the State of  
(Document Number, if known)

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

**FILED**  
**16 SEP 27 PM 2:46**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**