

N10000010179

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

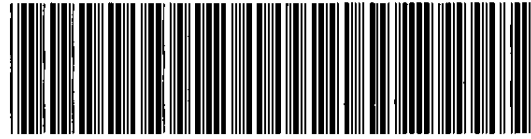
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400214362054

11/18/11--01018--024 **35.00

FILED
11 NOV 18 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DRS 1/2/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: V.O.R Miami, Inc.
(Name of Corporation)

DOCUMENT NUMBER: NI 0000010179

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Don Poole
(Name of Person)

(Name of Firm/Company)

2575 South Bayshore Dr
(Address)

Miami FL 33133
(City/State and Zip Code)

For further information concerning this matter, please call:

Don Poole at (305) 510-9686
(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:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301


Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, DUSTY MELTON, hereby resign as DIRECTOR
(Title)

of V O R MIAMI, INC
(Name of Corporation)

N10000010179, 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
11 NOV 18 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**