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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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off. Resign.

TB AUG 31 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DERRICK DISTRIBUTING INC. (EIN# - 20-2000394)
(Name of Corporation)

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

WILLIAM M. DERRICK JR.
(Name of Person)

DERRICK DISTRIBUTING INC.
(Name of Firm/Company)

4245 N. HWY A1A #1
(Address)

FORT PIERCE FL 34949
(City/State and Zip Code)

For further information concerning this matter, please call:

WILLIAM M DERRICK JR at (772) 696 5682
(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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, NICOLE DERRICK, hereby resign as SECRETARY (Title)

of DERRICK DISTRIBUTING, INC. (Name of Corporation),

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

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