

704000166083

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

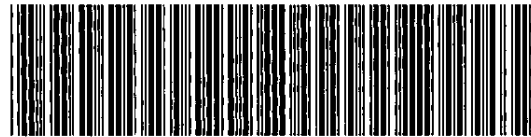
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

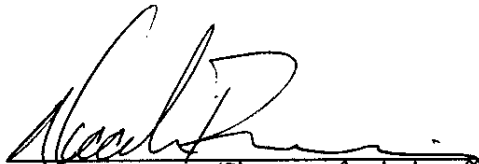
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

of DERRICK DISTRIBUTING, INC.
(Name of Corporation)

_____, 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