

PO6000087440

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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

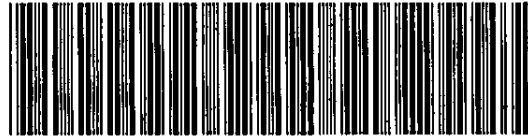
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 13 2016  
C. CARROTHERS

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** D & D PROVIDER INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P06000087440

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

Please return all correspondence concerning this matter to the following:

DAILEN HERNANDEZ

(Name of Person)

D & D SERVICES PROVIDER, INC

(Name of Firm/Company)

8285 W 18TH LANE DR

(Address)

HIALEAH, FL 33014

(City/State and Zip Code)

For further information concerning this matter, please call:

DAILEN HERNANDEZ at ( 786 ) 355-1041  
(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

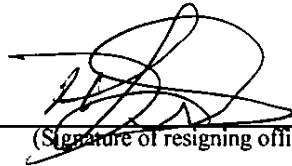
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, DAILEN HERNANDEZ, hereby resign as V.P.  
(Title)

of D & D SERVICES PROVIDER, INC,  
(Name of Corporation)

P0600087440, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA.

  
(Signature of resigning officer/director)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 APR 11 AM 9:56

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**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