# 677739

| , (Re                                   | questor's Name)    |             |
|---|--------------------|-------------|
| · (Ad                                   | dress)             |             |
| (Ad                                     | idress)            |             |
| (Cit                                    | ty/State/Zip/Phone | e #)        |
| PICK-UP                                 | ☐ WAIT             | MAIL        |
| (Bu                                     | siness Entity Nar  | ne)         |
| (Document Number)                       |                    |             |
| Certified Copies                        | _ Certificates     | s of Status |
| Special Instructions to Filing Officer: |                    |             |
|   |                    |             |
|   |                    |             |
|   |                    |             |
|   | <del></del>        |             |





000182831350

07/06/10--01045--018 \*\*35.00

2010 JUL -6 PH 1: 02 SECRETARY OF STATE

off. Resign.

TB JUL = 8 2010

# **COVER LETTER**

| Division of Corporations  |
|---|
| SUBJECT: Duport Mliance Corporation)  (Name of Corporation)                                   |
| (Name of Corporation)   |
| DOCUMENT NUMBER: 677739   |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following:                     |
| Richard Avis Es 9 (Name of Person)  |
| Attornon  |
| (Name of Firm/Company)  |
| 535 (endrel Are 5. de 301   |
| St Cetes Sun (7 33701<br>(City/State and Zip Code)  |
| For further information concerning this matter, please call:                                  |
| (Name of Person) at (727) 894-2626<br>(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

TO: Amendment Section

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

# OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

SECRETARY OF PH 1: 02 (Name of Corporation) a corporation organized under the laws of the State of (Document Number, if known)

(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

## RICHARD T. AVIS ATTORNEY LLC

535 CENTRAL AVE., SUITE 301 ST. PETERSBURG, FLORIDA 33701 ·

PH 727-894-2626 \* FAX 727-894-3609 \* CELL 727-641-6677 EMAIL rtavislaw@aol.com

| RICHARD T. AVIS *ALSO ADMITTED IN:  | OF COUNSEL:   |  |
|---|---|--|
| NEW YORK * ILLINOIS * MIDDLE DIST. OF FL.   | REFER TO-FILE NO:   |  |
|   | July 2, 2010  |  |
| Florida Division of Corporations To Whom It May Concern:  | i   |  |
| RE: Dupont Alliance Corporation<br>Document Number: 677739  | ;<br>;<br>;   |  |
| Please be advised that my name was added by t<br>as "VMRB" without my knowledge or consent. I<br>management capacity or function for this compar<br>removed from the Detail screen. | have not at any time participated in any  |  |
| Notwithstanding the above, I was told by the Diviprocedurally remove my name from the Detail scienciosed. I was further instructed to send this lematter.                           | ision of Corporations that the form necessary to<br>creen was the Resignation form which is also<br>tter along with the Resignation form to clarify the |  |
| Thank you.  | · .   |  |
| Richard Avis, Attorney at Law   |   |  |
| STATE OF FLORIDA ) COUNTY OF PINELLAS )   | ·<br>·  |  |
|   | knowledged before me this 2 day of who is personally known to me or as identification and who did take an oath.   |  |
|   | Name: John Giacoletti Notary Public, State of Florida at Large JOHN C. GIACOLETTI Commission DD 702245 Expires August 2015                              |  |
| Cc: Dupont Alliance Corporation   | Expires August 24, 2011 Bonded Thru Tray Fain Insurance 800-385-7819  |  |