

U10000010179

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** V O R MIAMI, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** N10000010179

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

Please return all correspondence concerning this matter to the following:

DAVID PINA

(Name of Person)

V O R MIAMI, INC.

(Name of Firm/Company)

2801 SW 31<sup>ST</sup> AVE, SUITE 2B

(Address)

MIAMI, FL 33133

(City/State and Zip Code)

For further information concerning this matter, please call:

ESTON MELTON

(Name of Person)

at ( 305 ) 905-2400

(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, ESTON E MELTON III, hereby resign as DIRECTOR  
a/f/a DUSTY MELTON (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)

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FILING SECTION  
TALLAHASSEE, FLORIDA

**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