

1500005291

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TALLAHASSEE, FLORIDA

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T. LEMIEUX

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Krewe De los Muertos Inc.
(Name of Corporation)

DOCUMENT NUMBER: N/500000 5291

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

Please return all correspondence concerning this matter to the following:

Carla Sorensen
(Name of Person)

Krewe De los Muertos
(Name of Firm/Company)

4400 Jernigan Road
(Address)

Pace, FL 32571
(City/State and Zip Code)

For further information concerning this matter, please call:

Carla Sorensen at (850) 994-2414
(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, Donna Brooks, hereby resign as Secretary
(Title)

of Krewe De los Muertos Inc.
(Name of Corporation)

N15 00000 5291, a corporation organized under the laws of the State of
(Document Number, if known)

Florida.

Donna Brooks
(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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