

N98000000836

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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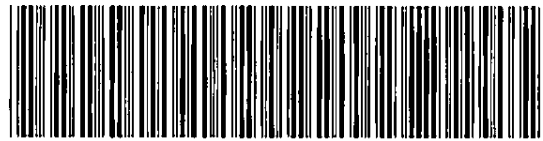
(Business Entity Name)

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TALLAHASSEE, FL

R. HUNT
04/01/24

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DAYTONA BEACH INSTITUTE OF DIVINE METAPHYSICAL RESEARCH, INC.

(Name of Corporation)

DOCUMENT NUMBER: N98000000836

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

PERCELLA, MICHAEL James, DR

(Name of Person)

DAYTONA BEACH INSTITUTE OF DIVINE METAPHYSICAL RE

(Name of Firm/Company)

2135 EAGLE TALON CIRCLE

(Address)

FLEMING ISLAND, FLORIDA 32003

(City/State and Zip Code)

For further information concerning this matter, please call:

DALE WARREN

(Name of Person)

at (386) 383-7700

(Area Code & Daytime Telephone Number)

ED
MAY 21 10 52 AM '98
TALLAHASSEE, FL
DIV OF STATE

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:

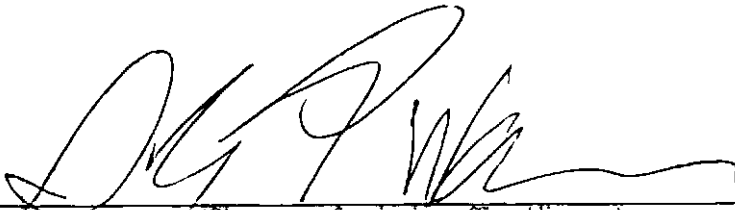
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, DALE E WARREN, hereby resign as DIRECTOR / EXECUTIVE SECRETAR
(Title)

of DAYTONA BEACH INSTITUTE OF DIVINE METAPHYSICAL RESEARCH, INC.
(Name of Corporation)

N98000000836, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA


(Signature of resigning officer/director)

FLORIDA
TALLAHASSEE, FL

2011-09-11 AM 5:25

ED

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