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| (Re | equestor's Name) | | |
|---|--------------------|-----------|--|
| (Address) | | | |
| (Ad | dress) | | |
| (Cit | ty/State/Zip/Phone | : #) | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies | Certificates | of Status | |
| Special Instructions to Filing Officer: | | | |
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TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations |
|---|
| SUBJECT: DAVILA and Associates, PA (Name of Corporation) |
| DOCUMENT NUMBER: P600 000 81 006 |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing |
| Please return all correspondence concerning this matter to the following: |
| Alexs A Davila (Name of Person) Davila and Associates, PA (Name of Firm/Company) |
| Davila and Associates PA (Name of Firm/Company) |
| 4001 Newberry rd Suite B-4 |
| 9 a incsville Fl 32607 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Alexs A Davila at (352) 377 8678 (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 Meret Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399 |

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| 1, Jose L. Davila | , hereby resign as | President and Director |
|---|------------------------------|-------------------------------|
| of Davila and Asso | | · |
| (Nam | e of Corporation) | |
| Poo oo 8106 (Document Number, if known) | , a corporation organized ur | nder the laws of the State of |
| Florida | <u></u> . | |

(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 FILEU