P00000 112140

(Requ	lestor's Name)	
(Addr	ess)	
(Addr	ess)	<u> </u>
(City/:	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Docu	ument Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	iling Officer:	

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TRANSMITTAL LETTER

ΓO: Amendment Section Division of Corporations
SUBJECT: Design Furniture Consignment; Moving, Inc.
DOCUMENT NUMBER: POO OCO 112140
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tanice malac (Name of Person)
Design furniture Consignment & moving, Inc.
5314 S. Florida Ave (Address)
Lake Land Ei 33813 (City/State and Zip Code)
For further information concerning this matter, please call:
Tance Malore at (863) 644, 5858 (Name of Person) (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

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E044 (05/13)

Mailing Address:

P.O. Box 6327

Amendment Section

Division of Corporations

Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Tyan W. Malcre, hereby resign as V. P. (Title)	
or <u>Design Furniture Consignment</u> : moving Tra	_`
POCCO 12 UO a corporation organized under the laws of the State of (Document Number, if known)	
Florida	
(Signalare of testigning officer/director)	
	

Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314