

PO100003/6/8

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

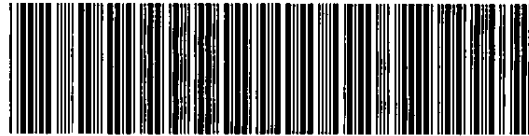
(Business Entity Name)

(Document Number)

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11/08/10

OLD Resign.

11/10/10

DL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MCDORMAN DEVELOPMENT INC
(Name of Corporation)

DOCUMENT NUMBER: P96000027060

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

Please return all correspondence concerning this matter to the following:

JOE MCDORMAN

(Name of Person)

MCDORMAN DEVELOPMENT INC

(Name of Firm/Company)

4591 HIGHWAY 20 EAST

(Address)

NICEVILLE, FL 32578

(City/State and Zip Code)

For further information concerning this matter, please call:

DARREN MCDORMAN

(Name of Person)

at (850) 685-7088

(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

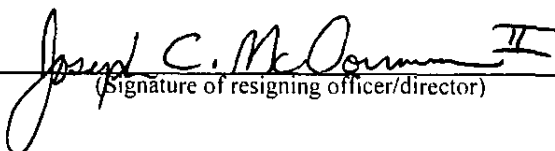
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, JOSEPH C MCDORMAN II, hereby resign as VICE PRESIDENT/DIRECTOR
(Title)

of MCDORMAN DEVELOPMENT, INC.
(Name of Corporation)

- P010000031618, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(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

10 NOV - 8 PM 12:19

FILED