

PO1000081652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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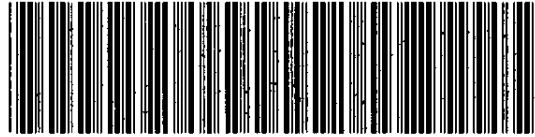
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Top: "dub" and "PAG"
Bottom: "SG"

Handwritten: 7/2/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ABE/DOS, Inc
(Name of Corporation)

DOCUMENT NUMBER: 59-3737101

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

Please return all correspondence concerning this matter to the following:

ROBERT M. Williams
(Name of Person)

ABE/DOS, Inc.
(Name of Firm/Company)

657 MAIN ST.
(Address)

DUNEDIN, FL. 34698
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert M. Williams at (727) 518-2033
(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
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, ROBERT M. Williams, hereby resign as PRESIDENT
(Title)

of PRE/DDS, Inc.
(Name of Corporation)

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

FLORIDA

Robert M. Williams
(Signature of resigning officer/director)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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