

**POL000114990**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

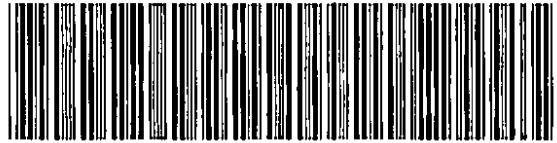
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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JAN 02 2018

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

17 DEC 29 PM 4:52

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## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Darcon Group Corp.  
(Name of Corporation)

DOCUMENT NUMBER: P01000114990

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

Please return all correspondence concerning this matter to the following:

Jaime Acosta  
(Name of Person)

Darcon Group Corp.  
(Name of Firm/Company)

15476 NW. 77th. #149  
(Address)

Miami Lakes, FL 33016  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jaime Acosta at ( 786 ) 412 2529  
(Name of Person) (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

**Street Address:**  
Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

17 DEC 29 AM 4:52  
FALL ADOPTED FLORIDA

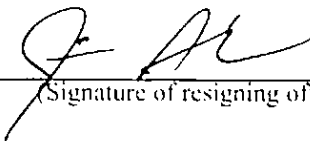
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Jaime Acosta, hereby resign as Director  
(Title)

of Darcon Group Corp.  
(Name of Corporation)

P01000114990, 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**

**FILED**  
**17 DEC 29 PM 4:52**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

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

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314