

P 020000 64831

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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S TALLENT

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*O/D - Resign*

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TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** De Vore Enterprises, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P02000064831

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

Please return all correspondence concerning this matter to the following:

Muriel De Vore

(Name of Person)

(Name of Firm/Company)

228 N. Clyde Ave

(Address)

Kissimmee, FL 34741

(City/State and Zip Code)

For further information concerning this matter, please call:

Muriel De Vore

(Name of Person)

at ( 407 ) 873-4556

(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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Muriel L. De Vore, hereby resign as Vice President  
(Title)

of De Vore Enterprises, Inc.  
(Name of Corporation)

P02000064831, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

  
(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