## P03000014756

	Acceptants he	<u> </u>
	٠,	
/Ad	dress)	
(r ca	uicoo)	
(Cit	y/State/Zip/Phone	<del>e</del> #)
PICK-UP	☐ WAIT	MAIL
-		
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only

500016804335

05/01/03--01075--026 \*\*122.50

D3 MAY -2 PM 3: 41
SHCREDARY OF STATE

COSON SON

## TRANSMITTAL LETTER

Division of Corporations			F *		••
SUBJECT: DUVO ASS	(Name of Corpo	S Inc	·		· , <u>-</u> <u>-</u> -
DOCUMENT NUMBER: 103(	X)00 14-	56		_	• •
The enclosed Officer/Director Resignation	for a Corporation	n and fee are sul	omitted for fil	ing.	
Please return all correspondence concerning	ng this matter to t	he following:			
Carl A. Duff (Name of Person)	LI	_			•
(Name of Firm/Company)	)			-	र १८८० के <b>१</b> ६च
7311 Sparkman (Address)	<u>St</u>	<u>-</u> .	•		€2 <del>00</del>
Tampa FL 336/ (City/State and Zip Code)	6	aur <u> </u>			•
For further information concerning this ma	atter, please call:				
Carl Duffy (Name of Person)	at (X)3 (Area Coo	) 83   -9 L le & Daytime Tel	170 ephone Numbe	<u>r</u> )	
Enclosed is a check for \$35.00 made payab	ole to the Florida	Department of S	štate.		

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

TO:

Amendment Section

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Carl A. Duffy II hereby resign as Director (Title)	•
of Duvo Associates, Inc. (Name of Corporation)	 - •
20300014756, a corporation organized under the laws of the State of (Document Number, if known)	
Florida.	
O3 MAY -2 SECRETAR ALLAHASS	TI
(Signature of resigning officer/director)	ED

## 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