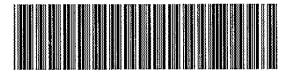


(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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(Bi	usiness Entity Nam	e)
(Do	ocument Number)	
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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: D. C. C. T. INCO
(Name of Corporation)
DOCUMENT NUMBER: PO3000055326
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jessica Price (Name of Person)
DCCTINC (Name of Firm/Company)  7400 Alco Ratio Pmb#1  (Address)
Thmyers, FL 33912 (City/State and Zip Code)
For further information concerning this matter, please call:
Name of Person) at (239) (233-8574) (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

OSEP-8 AM 8:33
TALLAHASSEE, FLORIDA

1, Tim Pro	ice JR.	hereby resign as_	CharRe (Title)	rson
of DoCoCoTo	(Name of Corpo	ration)		
Po 300005; (Document Number,	3326 a cor if known)	poration organized une	der the laws of the Sta	ate of
Florida				

Imbre Je char Person (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