## 03000158475

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Oity/State/Zip/Fittine #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(2-3-3-3-4-7-4-7-4-7-4-7-4-7-4-7-4-7-4-7-4
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APR 19 2011

**EXAMINER** 

## **COVER LETTER**

SUBJECT: DARWIN VAUGHN INC	<b>&gt;</b>
	(Name of Corporation)
DOCUMENT NUMBER: P03000	158475
The enclosed Officer/Director Resignation	ion for a Corporation and fee are submitted for filing
Please return all correspondence concer	ning this matter to the following:
KEVIN VAUGHN	
(Name of Person)	<del> </del>
	•
(Name of Firm/Compa	ny)
1149 CAROL AVENUE	
(Address)	
TITUSVILLE, FL 32780	
(City/State and Zip Co	de)
For further information concerning this	matter, please call:
KEVIN VAUGHN	at ( 321 ) 432-8884
(Name of Person)	at ( 321 ) 432-8884 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made page	yable to the Florida Department of State.
Amendment Section Arr Division of Corporations Di Clifton Building Po	ailing Address: nendment Section vision of Corporations st Office Box 6327 Illahassee, FL 32314

TO:

Amendment Section Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

<sub>I.</sub> KEVIN VAUGHN	, hereby resign as DIRECTOR	
	(Title)	
of DARWIN VAUGHN INC		
(Nam	of Corporation)	_ '
P03000158475	_, 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

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

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

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