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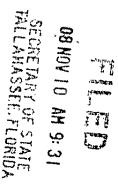
(Re	equestor's Name)	
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EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: TRIM BY DAUE INC. (Name of Corporation)
DOCUMENT NUMBER: <u>70400 000 6487</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
SHARI L POTOCKI (Name of Person)
Trim By Dave Inc (Name of Firm/Company)
5437 Potter STREET (Address)
SAKASOTO FL 34232— (City/State and Zip Code)
For further information concerning this matter, please call:
SHAKI L Potocki at (941) as 6-4140 (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

I, David L. Potock;	, hereby resign as President a	s of May 1st
of Trim By Dave (Name of	Inc. of Corporation)	,
Po 460000 6487 (Document Number, if known)	_, a corporation organized under the laws of the Sta	te of
Florida.	_·	
	of ton	
_ (5	signature of resigning officer/director)	99 N
(Document Number, if known) Florida		OO NO

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

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

FILING FEE IS \$35.00