## 70400060238

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	<b>→</b> #)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
SHAPPSEE, FLORID



## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: DIN Enterprises, Inc. (Name of Corporation)
DOCUMENT NUMBER: 10400060238
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Mame of Person)
DIN Enterorises, Inc. (Name of Firm/Company)
6469 Bollejo Ct. N. (Address)
Jackson Ville FL 32210 (City/State and Zip Code)
For further information concerning this matter, please call:
Any 1. McMohon at (904) 708-473/ (Name of Person) at (404) 708-473/ (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 409 E. Gaines Street Tallahassee, FL 32399

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

i, Hajrudin	Karic	, hereby resign as	Direc	for	_
of DIN	En terp (Name of Corpo	oration)	Inc.		•
PO4000 60. (Document Number, if	known) a cor	rporation organized und	ier the laws of th	e State of	
Florida	2				
	Olojču () (Signature	of resigning officer/director	=-: or)	OL JUN-1 PM 3: 35 SECRETARY OF STATE TALLAHASSEE, FLORID	T

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