

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 18, 2015

ANGELA C. REIMER ESQ / ANGELA C REIMER CIVIL ATTORNEY PO BOX 47387 TAMPA, FL 33647 US

SUBJECT: DKM CERTIFIED PUBLIC ACCOUNTANTS, INC.

Ref. Number: P04000109628

We have received your document for DKM CERTIFIED PUBLIC ACCOUNTANTS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person resigning must sign the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 815A00003451

TRANSMITTAL LETTER

	(Name of Corporation)
DOCUMENT NUMBER: P0400010	09628
The enclosed Officer/Director Resignation	on for a Corporation and fee are submitted for filing
Please return all correspondence concern	ning this matter to the following:
Angela C. Reimer, Es	quire
(Name of Person)	
Angela C. Reimer, Civil Trial At	ttorney
(Name of Firm/Compa	ny)
P.O. Box 47387	
(Address)	
Tampa, FL 33647	
(City/State and Zip Cod	de)
For further information concerning this	matter, please call:
Angela Reimer	at (813)315-9952 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Amendment Section **Division of Corporations**

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILE DISTRICT SECRETARY OF STATE DIVISION OF CORPORATIONS

15 MAR -5 AM 7: 07

_{I.} Travis J. Green	, hereby resign as Director	
	(Title)	
of DKM Certified Pul	blic Accountants, Inc.	
	me of Corporation)	
P04000109628	, a corporation organized under the laws of the State of	
(Document Number, if known)	,	
Florida		
	 -	

FILING FEE IS \$35.00

Signature of resigning officer/director)

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

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