## P05000005215

(Red	questor's Name)	
(Add	iress)	
(Add	iress)	
(City/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	-iling Officer:	
	Office Use On	ly
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

Ury well Corporation (Name of Corporation) SSGNCE SUBJECT:

DOCUMENT NUMBER: <u>PO500000.5215</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:

de line Kivella (Name of Person) 1 Drywell Solutions, Corp. (Name of Firm/Company) 13143 Canal Pointe Street Tumpa, FC 33647 (City/State and Zip Code)

For further information concerning this matter, please call:

<u>Ade line Kivera</u> at (<u>B13</u>) <u>349-3208</u> (Name of Person) (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. Ade line Rivera hereby resign as Treasurer (Title) of Rengission Drywell Corporation

PD500005215 (Document Number, if known) \_\_\_\_\_, a corporation organized under the laws of the State of

Florida

ignature 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