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(Re	equestor's Name)	
(Ac	dress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Nan	ne)
· (Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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O6 AUG 21 AM II: 08 SECRETARY OF STATE FALLAHASSEE FLORIDA



COVER LETTER

Amendment Section Division of Corporations

. TO:

SUBJECT: DONN-RITE CONSTRUCTION SERVICES INC. (Name of Corporation)
DOCUMENT NUMBER: Posoco 68268
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person)
DUNN-RITE CONSTRUCTION SERVICES FINC. (Name of Firm/Company)
4635 ALVIA STREET (Address)
HASTINGS FL 32145 (City/State and Zip Code)
For further information concerning this matter, please call:
JUSTIN ROBERT DUNN at (386) 931-9099 (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, Bolly DEMN'S Willoughby I, Bolly May hereby resign as VICE-PRESIDENT/TREASURER
of DUNN-RITE CONSTRUCTION SERVICES FINE.
Posoco 68268, 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 06 AUG 21 AM 11: 08
SECRETARY OF STATE