## PO50001192199

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(	Requ <b>es</b> tor's Name)	
(	Address)	
(	Address)	
(	City/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
	Business Entity Na	me)
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Certified Copies	Certificate	s of Status
Special Instructions	to Filing Officer:	
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## **COVER LETTER**

TO:	Amendment Section Division of Corporations

SUBJECT: DIDROOMS TO GO INC.

(Name of Corporation)

DOCUMENT NUMBER: POY000119299

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)

MARINE FININGIAL CONTROLL CONTROLL

(Name of Firm/Company)

7402 OVIABROOK DA

(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

W. E. MILLIA at (FIJ) 809-1962

(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



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## OFFICER / DIRECTOR RESIGNATION



I. JULY STATHEM	, hereby resign as ParsioinT
	(Title)
of BFOROOMS To GO WE.	
(Name of C	orporation)
a corporation organized under the laws of the Sta	te of FLOMOA
and affirm that the corporation has been notified	in writing of the resignation.
(Signature)	of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314