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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	: #)
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
		
<u> </u>		
Special Instructions to	Filing Officer:	
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TRANSMITTAL LETTER

Division of Corporations
SUBJECT: D&P Pawn Inc. (Name of Corporation)
DOCUMENT NUMBER: <u>P 06 0000 0 406 4</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:
Yoakor Ben Doim (Name of Person)
D&P Pawr, Inc. (Name of Firm/Company)
1750 E Commertial Blod. #2 (Address)
Fort Laudardale 33334 (City/State and Zip Code)
For further information concerning this matter, please call:
Yaakov Ben Doim at (954) 471-8249 (Name of Person) (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

TO:

Amendment Section

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

CR2E044 (05/13)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, Jam	Yaak	05 Be.	n Doin	ereby resign as	SI)		
				, ,		(Title)		
of D&	P Pl	(Name of	Inc Corporation)					,
P 06 0000 (Document N	20406 Number, if kno	34 wn)	a corporation	on organized u	nder the laws	of the State	e of	
Floric	la_	·						
							~ 2	
		(Sig	nature of resig	Haning officer/direct	ctor)	MEREDIA MARASS	2017 JAN 30	핕
		, ,		J	·	n Car	PM 3: 4	ED

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