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SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: DAV-SHER MUL	TI-SERVICES, INC.
SUBJECT:	(Name of Corporation)
DOCUMENT NUMBER: PO	06000016790
The enclosed Officer/Director Re	esignation for a Corporation and fee are submitted for filing.
Please return all correspondence	concerning this matter to the following:
Shearyl Griffin	•
(Name of P	Person)
Dav-Sheri Multi Services, Inc	· ·
. (Name of Firm	(Company)
255 E LAILA DRIVE	
(Addre	ss)
WEST MELBOURNE FL 32	904-3836
(City/State and	Zip Code)
For further information concerning	ng this matter, please call:
Shearyl Griffin	at (321) 726-0109 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 m	ade 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

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

(Title)
of the State of

FILING FEE IS \$35.00

gnature 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