

P07000120024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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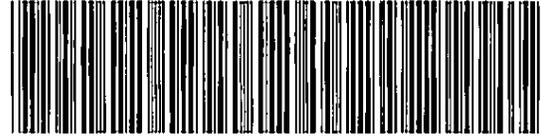
(Business Entity Name)

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*OLD-Resign*

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Direct Reimbursement Solutions, INC  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** P07000120024  
\_\_\_\_\_

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Tricia Copach  
\_\_\_\_\_

(Name of Person)

Direct Reimbursement Solutions, INC  
\_\_\_\_\_

(Name of Firm/Company)

28051 US HWY 19 North  
\_\_\_\_\_

(Address)

Clearwater, FL 33761  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

Robin Underwood  
\_\_\_\_\_

(Name of Person)

at ( 727 ) 647-1686

(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

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

