## 07000129509

(Re	equestor's Name)	
(Ac	ldress)	
(Address)		
(Ci	ty/State/Zip/Phon	e #)
_		_
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
	F:11 O#	
Special Instructions to	Filing Officer:	
	•	
· · · · · · · · · · · · · · · · · · ·		

Office Use Only



000123863630

04/21/08--01035--017 \*\*35.00

officer Besignation
TB 4.25-08

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: DTI Sign Group, Inc. (Name of Corporation)
DOCUMENT NUMBER:
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
David Smith (Name of Person)
(Name of Firm/Company)
1911 Passes Aul (Address)
1911 Passiss Aul (Address)  Lutz, Fl. 33559 (City/State and Zip Code)
For further information concerning this matter, please call:
David Smith at (813), 949, 8397 (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

## OFFICER / DIRECTOR RESIGNATION

SECRETARY OF STATE ORION FOR A CORPORATION , a corporation organized under the laws of the State of (Document Number, if known)

> 4/9/08 (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