

· (Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



100293297101

12/20/16--01003--014 **35.00

DEC 21 2016

 $R.\ W_{\mathrm{GLL}}$



TRANSMITTAL LETTER

Division of Corporations SUBJECT: Dr. Java, Inc. (Name of Corporation) DOCUMENT NUMBER: P08000076754 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Sabrina Dieguez (Name of Person) Smith & Associates (Name of Firm/Company) 1499 S. Harbor City Boulevard, Suite 202 (Address) Melbourne, FL 32901 (City/State and Zip Code) For further information concerning this matter, please call: Sabrina Dieguez

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

_{I.} Li J. Voepel	, hereby resign as Director	
***	(Title)	
Name of Lo.		
P08000076754	corporation organized under the laws of the State of	
Florida		
(Signate	ure 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