

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





08/31/09--01019--001 **35.00

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: DIMO INCOR	
	(Name of Corporation)
DOCUMENT NUMBER:_	P09000035854
The enclosed Officer/Directo	r Resignation for a Corporation and fee are submitted for filing
Please return all corresponde	nce concerning this matter to the following:
Craig Clark	
(Name	of Person)
Dimo Incorporated	
(Name of F	irm/Company)
4209 SE 8th Place	
(Ad	dress)
Cape Coral, Florida 3390	04
(City/State	and Zip Code)
For further information conce	erning this matter, please call:
Craig Clark	at (239) 848-5443
(Name of Pers	at (239) 848-5443 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.0	0 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 FOR A CORPORATION

I. Craig Clark	, hereby resign as 2 Vice President	
-7	(Title)	
of Dimo Incorporated		
	(Name of Corporation)	,
P09000035854	, a corporation organized under the laws of the	
(Document Number, if known		
Florida	AUG 3	أبار
	SH ² — t	-
		コン
	LOR OF LOR	
	// DIF 26	
	saigh. Clark	
	(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