## PG9 0000 40586

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(
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(Business Entity Name)
(Document Number)
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08/02/23--01017--001 \*\*35,00

## TRANSMITTAL LETTER

SUBJECT: (Name of Corp	oration)		
DOCUMENT NUMBER: P09000040586			
The enclosed Officer/Director Resignation for a Corporati	on and fee are submitted for filing.		
Please return all correspondence concerning this matter to	the following:		
Loribeth Dunman			
(Name of Person)	<del>_</del>		
Dunmar Group, Inc.			
(Name of Firm/Company)	_	~	
P.O. BOX 1124	SECH	2023 AUG -2	سمحر
(Address)		OG.	9 ( ******
Yulee FL 32041	TARY OF AHASSET		
(City/State and Zip Code)	SET	3	
For further information concerning this matter, please call	: FL	AM 10: 10	- Cap 2
Loribeth Dunman 904	849-7346	, –	
(Name of Person) (Area Co	ode & 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

TO:

Amendment Section Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Derrick D. Dunman	Vice President, hereby resign as		
	, hereby lesign us_	(Title)	
Dunmar Group. Inc.			
(	Name of Corporation)	*	
P09000040586  (Document Number, if known)	, a corporation organized under the la	aws of the State of	
Florida	·		
_ Like	(Signature of resigning officer/director)	2023 AUG -2 AH IO SECKETARY OF STALLAHASSEE.	

## **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