

PO9000058490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

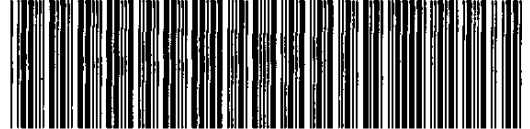
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400200352224

04/05/11--01013--015 **35.00

FILED
11 Apr -5 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FL 32309

DP
11/6/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DFSM Corporation
(Name of Corporation)

DOCUMENT NUMBER: P09000058490

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kalen Cowen

(Name of Person)

DFSM Corporation

(Name of Firm/Company)

50 5th Str

(Address)

Shalimar FL 32579

(City/State and Zip Code)

For further information concerning this matter, please call:

Amanda Douglass

(Name of Person)

at (850) 240-4447

(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
FOR A CORPORATION**

I, Kalen L. Cowen, hereby resign as President
(Title)
of DFSM Corporation
(Name of Corporation)
P09000058490, a corporation organized under the laws of the State of
(Document Number, if known)
Florida

Kalen Cowen
(Signature of resigning officer/director)

11 Apr -5 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FL 32304

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