## P/WW 4160

(F	lequestor's Name)	·
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	<del>#</del> )
PICK-UP	Mait Wait	MAIL
(B	usiness Entity Name	e)
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	,

Office Use Only

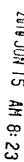
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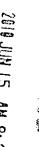


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## **COVER LETTER**

Division of Corporations
SUBJECT: DiNardo Property Management And Real Estate Inc. (Name of Corporation)
DOCUMENT NUMBER: P10000041610
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Dee Ann Yount
(Name of Person)
DiNardo Property Management and Real Estate Inc
(Name of Firm/Company)
3959 S Nova Road Ste 34
(Address)
Port Orange FL 32127
(City/State and Zip Code)
For further information concerning this matter, please call:
Christine DiNardo at (386) 212-5969 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) at (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

TO:

Amendment Section

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Christine DiNardo	, hereby resign as President (Title)	
ofDiNardo Property Managemer	of Corporation)	
P1000041610 (Document Number, if known)	_, a corporation organized under the laws of the State of	
Florida	<u> </u>	
Clty	J. Q. Marchon Signature of resigning officer/director)  AH 8:	***

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