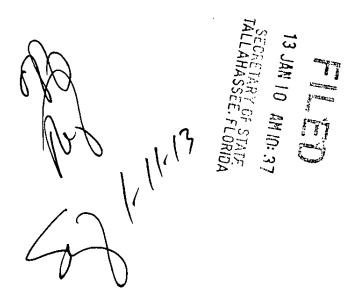
(Re	questor's Name)	
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· (Cit	y/State/Zip/Phone	e#)
PICK-UP	TIAW.	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





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TRANSMITTAL LETTER

D & F PROPERTY SOLUTIONS, INC. (Name of Corporation) DOCUMENT NUMBER: P10000064023 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: CONSUELO C. FERNANDEZ, ESQ. (Name of Person) LAW OFFICE OF CONSUELO C. FERNANDEZ (Name of Firm/Company) 9415 SUNSET DRIVE, #290 (Address) MIAMI, FL 33173 (City/State and Zip Code) For further information concerning this matter, please call: CONSUELO C. FERNANDEZ, ESQ. Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Mailing Address:
Amendment Section **Street Address:** Amendment Section Division of Corporations Division of Corporations 409 E. Gaines Street

Tallahassee, FL 32399

P.O. Box 6327

Tallahassee, FL 32314

TO:

Amendment Section **Division of Corporations**

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

_{I,} DAVID SOCORRO	, nereby resign as	
	SOLUTIONS, INC. e of Corporation)	_,
P10000064023 (Document Number, if known) FLORIDA	, a corporation organized under the laws of the State of	

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