P11000036778

(Re	equestor's Name)			
(Ad	ddress)			
(Ac	ddress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
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COVER LETTER

	Amendment Section Division of Corporations
SUBJE	CCT: DoneRite Pumps, Inc.
	(Name of Corporation)
DOCU	MENT NUMBER: P11000036778
The end	closed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please r	return all correspondence concerning this matter to the following:
Arma	ndo J. Figueredo
	(Name of Person)
Done	Rite Pumps, Inc.
	(Name of Firm/Company)
4575	East 10th Court
	(Address)
Hialea	ah, Florida 33013
	(City/State and Zip Code)
For furt	her information concerning this matter, please call:
Arman	do J. Figueredo (Name of Person) at (305) 953-3380 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclose	d is a check for \$35.00 made payable to the Florida Department of State.
Division Clifton I 2661 Ex	Address: ment Section n of Corporations Building Eccutive Center Circle See FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. Teodoro Ariste	, hereby resign as Treasurer		
	(Tit	ile)	
of DoneRite Pumps, Inc			
	me of Corporation)	<u> </u>	
P11000036778 (Document Number, if known)	, a corporation organized under the laws of the State of		
Florida			
V. La	(Signature of resigning officer/director)	MILLAHASSE	
	FILING FEE IS \$35.00	TIT MININASSEE, FLO	

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314