## P11000036778

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	Office Use On	lv



000238190890

08/13/12--01013--009 \*\*35.00

8161°

ZIIZ AUG 13 PH 12: 44

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: DONERITE PUMPS TIC. (Name of Corporation)
DOCUMENT NUMBER: PI\000036778
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Luis Navarro (Name of Person)
Dope Rive Pumps, Inc. (Name of Firm/Company)
4240 NW 133 ST. STED +E (Address)
OPA-LOCKA, FA- 33054 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (305) 953-3380 (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, Armando J. Fibuereso, hereby resign as Presis	DENT itle)	
of DOYERITE PUMPS, ITC. (Name of Corporation)		
P1100036778, a corporation organized under the laws of the	State of	
FLORIDA		
	wesi	
(Signature of resigning officer/director)	2#12 AUG 13 3ECAS IAN 4LLAHASSI	1
		a annue Danuele Danuele Danuele
FILING FFF IS \$35.00	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	111 04 000

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

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