## P110000044839

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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: ALL ONE FAMILY DOLPHIN INC

(Name of Corporation)

DOCUMENT NUMBER: P11000044839

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

Please return all correspondence concerning this matter to the following:

KAREN WILKES

(Name of Person)

ALL ONE FAMILY DOLPHIN INC

(Name of Firm/Company)

1405 DOLPHIN AVENUE

(Address)

MERRITT ISLAND, FLORIDA 32953

(City/State and Zip Code)

For further information concerning this matter, please call:

KAREN WILKES

...321 \...208-024

(Name of Person)

(Area Code & Daytime Telephone Number

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:** 

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

**Street Address:** 

Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

(Title)	RE_
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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