P11000092753

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

Office Use Only



500220553755

02/13/12--01041--022 **35.00

ALLAHASSEE FLORIDA

TALLAHASSEE FLORIDA

TALLAHASSEE FLORIDA

TALLAHASSEE FLORIDA

T. ROBERTS

COVER LETTER

Amendment Section Division of Corporations

TO:

•	
SUBJECT: DMC Investme	ent Recovery Inc
	(Name of Corporation)
DOCUMENT NUMBER:_	P11000092753
The enclosed Officer/Director	r Resignation for a Corporation and fee are submitted for filing
Please return all corresponder	nce concerning this matter to the following:
Michael Glunt	
(Name	of Person)
DMC Recovery Inc	
(Name of F	irm/Company)
7128 EAST BAY BLVD	
(Ad	dress)
NAVARRE FL 32566	
(City/State	and Zip Code)
For further information conce	rning this matter, please call:
VAUGHN, NANCY	at (805) 936-0224
(Name of Perso	at (805) 936-0224 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.0	0 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



, hereby resign as Director
(Title)
tion
ation)
oration organized under the laws of the State of

FILING FEE IS \$35.00

(Signature of resigning officer/director)

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

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