

PI20000064176

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

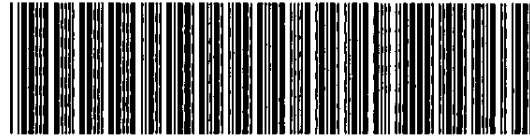
(Business Entity Name)

(Document Number)

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600245153916

*Resignation
of Officer*

03/01/13--01007--018 **35.00

19
DEPT. OF STATE
TALLAHASSEE, FLORIDA

2013 MAR -1 AM 10:42

FILED

DR
3/6/13

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DMP 1 Solutions, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P12 0000 6476

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

Please return all correspondence concerning this matter to the following:

Meghan Malynn

(Name of Person)

Dmp 1 Solutions, Inc.
(Name of Firm/Company)

12685 Buckland street
(Address)

wellington, FL 33414
(City/State and Zip Code)

For further information concerning this matter, please call:

Meghan Malynn at (561) 315-4977
(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
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
2013 MAR -1 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Rosalind R. Pomerance, hereby resign as an officer/director
(Title)

of DMP 1 Solutions, Inc.
(Name of Corporation)

P12000064176, a corporation organized under the laws of the State of
(Document Number, if known)
Florida

R R Pomerance
(Signature of resigning officer/director)

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