

| (Requestor's Name) | | | | |
|---|---------------------|----------------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (Cit | y/State/Zip/Phone # | /) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates o | of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | , | | |
| | | _ | | |

Office Use Only



700274844537

07/13/15--01014--002 **35.00

JUL 13 PH 2: 3

á.

JUL 1 4 2015

R. WHITE

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

| | DMOTIVE INC. |
|--|---|
| SUBJECT: | (Name of Corporation) 3000003224 |
| DOCUMENT NUMBER: | |
| The enclosed Officer/Director Resigna | tion for a Corporation and fee are submitted for filing |
| Please return all correspondence conce | erning this matter to the following: |
| Gordon Kelly | |
| (Name of Person) |) |
| D & K AUTOMOTIVE INC. | |
| (Name of Firm/Comp | pany) |
| 100 Toney Penna Drive | |
| (Address) | |
| Jupiter/Florida 33458 | |
| (City/State and Zip C | ode) |
| For further information concerning this | s matter, please call: |
| Gordon Kelly | 561 373-6772 |
| (Name of Person) | at () (Area Code & Daytime Telephone Number) |
| Enclosed is a check for \$35.00 made p | ayable to the Florida Department of State. |
| Amendment Section Division of Corporations P.O. Box 6327 | Street Address: Amendment Section Division of Corporations 2661 Executive Center Circle Callahassee, FL 32301 |

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| David H. Okun | | V.P. | |
|-----------------------------|---|--|--|
| | hereby resign as | (Title) | |
| D & K AUTOMOT | IVE INC. | | |
| f | | <u> </u> | |
| | (Name of Corporation) | | |
| P13000003224 | | | |
| | , a corporation organized under | the laws of the State of | |
| (Document Number, if known) |) | | |
| FLORIDA | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | <u>.</u> | |
| | (Signature of resigning officer/director) | _ | |
| // | | | |
| | | | |
| | | ं क्रिक्ट केंद्र | |
| | | First Co. | |
| | | | |
| | | , and a second s | |
| | FILING FEE IS \$35.00 | | |
| | | | |
| | | unit unit of the state of the s | |

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

Make checks payable to Florida Department of State and mail to