

P14 000084482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

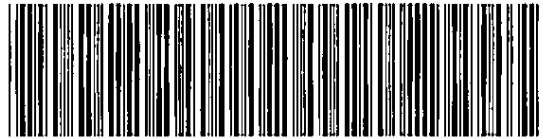
(Business Entity Name)

(Document Number)

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STATE OF NEW YORK
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o/D-Resign

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **Digital Event Associates Inc.**

(Name of Corporation)

DOCUMENT NUMBER: **P14000084482**

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

Please return all correspondence concerning this matter to the following:

John Toklucu

(Name of Person)

Digital Event Associates Inc.

(Name of Firm/Company)

3389 SHERIDAN STREET, Box 136

(Address)

HOLLYWOOD, FL 33021

(City/State and Zip Code)

For further information concerning this matter, please call:

John Toklucu

(Name of Person)

at (**954**) **534 9888**

(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

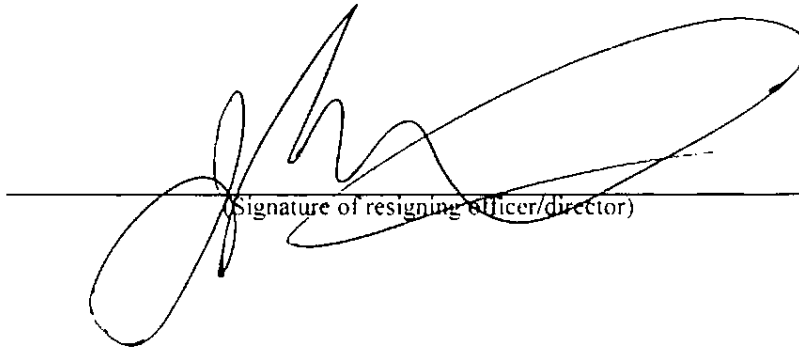
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, John Toklucu, hereby resign as Vice President
(Title)

of Digital Event Associates Inc.
(Name of Corporation)

P14000084482, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

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SEC. OF STATE

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