## P16000094821

(R€	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Cid	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	





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010 Resignation 010

## TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: DIBIGJEVK (Name of Corporation)		
DOCUMENT NUMBER: P1600094821		
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Lindsey Tunangton (Name of Person)		
DIBIG HCV (Name of Firm/Company)		
21020 riverside or. (Address)		
COVAL SPYINGS /FL 33065 (City/State and Zip Code)		
For further information concerning this matter, please call:		
UNDSCH TUKLINGTON at (586) 383.135 (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:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 63272661 Executive Center Circle		

Tallahassee, FL 32301

Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. <u>Undsey Tunkington</u> , hereby resign as <u>VICE</u>	president
of DiBig Jerk (Name of Corporation)	•
P1000094821 a corporation organized under the law (Document Number, if known)	s of the State of
Florida	

(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

## 2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16000094821

Entity Name: DI BIG JERK,INC

**Current Principal Place of Business:** 

11388 SW 17CT MIRAMAR, FL 33025

**Current Mailing Address:** 

11388 SW 17CT MIRAMAR, FL 33025 US

FEI Number: NOT APPLICABLE

Name and Address of Current Registered Agent:

TURKINGTON, LINDSEY M 11388 SW 17CT MIRAMAR, FL 33025 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida

SIGNATURE: LINDSEY TURKINGTON

03/05/2018

**FILED** Mar 05, 2018

Secretary of State

CC1277213752

Certificate of Status Desired: No

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Titte Name

Address

KENTISH, ORRETT S

11388 SW 17CT

City-State-Zip: MIRAMAR FL 33025

Title

VΡ

Name TURKINGTON, LINDSEY M

Address

11388 SW 17CT

City-State-Zip: MIRAMAR FL 33025

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if mede under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ORRETT KENTISH

**PRESIDENT** 

03/05/2018