P18000097794

(Requestor's Name)	
(Address)	
(Address)	
(Addicas)	
(City/State/Zip/Phone #)	
☐ PICK-UP ☐ WAIT ☐ MA	dL.
(Business Entity Name)	
(Document Number)	
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Mesignation of



A. RAMSEY MAR 02 2027

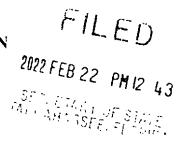
A RAMBEY

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: DAVIE6300 INC.		
	(Name of Corporation)	
DOCUMENT NUMBER: P18000097794		
The enclosed Officer/Director Resignation	n for a Corporation and fee are submitted for filing	
Please return all correspondence concerni	ng this matter to the following:	
Melissa Porri		
(Name of Person)		
(Name of Firm/Company	·)	
1263 NW 87th Ave		
(Address)		
Coral Springs, FL 33071		
(City/State and Zip Code)	
For further information concerning this m	atter, please call:	
Melissa Porri	at (561 523-3513 (Area Code & Daytime Telephone Number)	
(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for \$35.00 made paya	able to the Florida Department of State.	
Mailing Address:	Street Address:	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327 The Centre of Tallahassee		
Tallahassee FI 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



Melissa Porri L	hereby resign as
	(Title)
DAVIE6300 INC.	
(Nan	ne of Corporation)
P18000097794	a corporation organized under the laws of the State of
(Document Number, if known)	
Florida	
	·
	$\mathcal{A}(\mathcal{A})$
 -	(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