

P19 0000068961

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

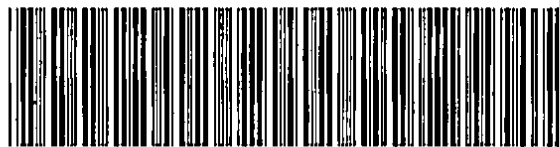
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C. GOLDEN

NOV 19 2020

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: 3 D Disaster Consultants Inc.

(Name of Corporation)

DOCUMENT NUMBER: P19000068961

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

Please return all correspondence concerning this matter to the following:

TaMetress Reed

(Name of Person)

3 D Disaster Consultants Inc.

(Name of Firm/Company)

4169 Shade Tree Lane

(Address)

Lakeland, FL 33812

(City/State and Zip Code)

For further information concerning this matter, please call:

Charrico Reed

(Name of Person)

at (863) 513-5514
(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, TaMetress Reed, hereby resign as Vice President
(Title)

of 3-D Disaster Consultants Inc.
(Name of Corporation)

P19000068961, a corporation organized under the laws of the State of
(Document Number, if known)

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