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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	#)
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☐ PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nam	e)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	·
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

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D&R ROAD SERVICE OF ORMOND BEACH, INC. SUBJECT:		
(Name of Corpo	ration)	
DOCUMENT NUMBER: P22000062220		
The enclosed Officer/Director Resignation for a Corporatio	n and fee are submitted for filing.	
Please return all correspondence concerning this matter to t	he following:	
DANNY GAYNE		
(Name of Person)	-	
(Name of Firm/Company)	-	
728 PALM AVE	<u></u>	2023
(Address)	- - - - - - - - - - - - -	2023 AUG -3
HOLLY HILL, FL 32117		483
(City/State and Zip Code)	- SO	3 [
For further information concerning this matter, please call:	S FL	M 10: 23
DANNY GAYNE 386 at (451-8031	ယ
(Name of Person) (Area Coc	le & 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

DANNY GAYNE I.	VICE PRESII, hereby resign as	DENT	
	, nereby toolgn to	(Title)	
D&R ROAD SERVICE OF ORMON			
(N	lame of Corporation)		
P22000062220 (Document Number, if known)	, a corporation organized under the law	rs of the State of	
FLORIDA	(Signature of resigning officer/director)	2023 AUG -3 AM 10: 23 SEARL ARY OF STATE TALLAHASSEE, FL	TMO

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

