

P24 0000 71597

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

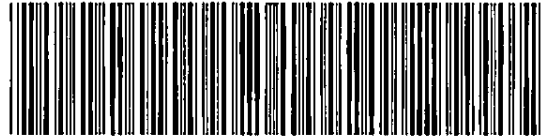
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900451236109

05/23/25--01014--025 **35.00

2025 MAY 23 PM 2:37

7/18/2025

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Drobeta Tech Ops, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P24000071597

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Tabbatha Lawe
(Name of Person)

Drobeta Tech Ops, Inc.
(Name of Firm/Company)

4474 Steinbeck Way
(Address)

Ave Maria, FL 34142
(City/State and Zip Code)

For further information concerning this matter, please call:

Tabbatha Lawe at (919) 360-9624
(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:

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

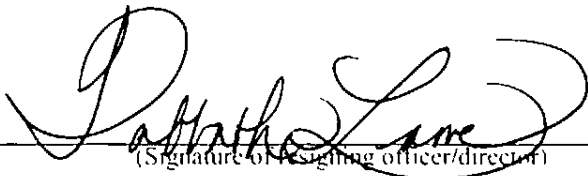
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Tabbatha Lawe, hereby resign as Director, President, Treasurer, Secretary
(Title)

of Drobeta Tech Ops, Inc.
(Name of Corporation)

P24000071597, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of Resigning officer/director)

2025 JUL 23 PM 2:37

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