

P940000 15298

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

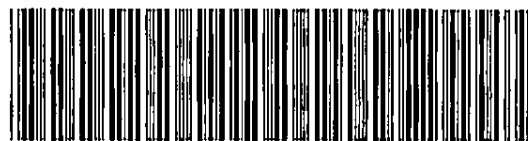
(Business Entity Name)

(Document Number)

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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Williamson Dacar & Associates, Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** P94000015298

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

Please return all correspondence concerning this matter to the following:

Denise N. Murphy, Esquire  
(Name of Person)

Denise N. Murphy, P.A.  
(Name of Firm/Company)

531 Main Street, Suite F  
(Address)

Safety Harbor, FL 34695  
(City/State and Zip Code)

For further information concerning this matter, please call:

Denise N. Murphy at ( 727 ) 725-8101  
(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  
2661 Executive Center Circle  
Tallahassee, FL 32301

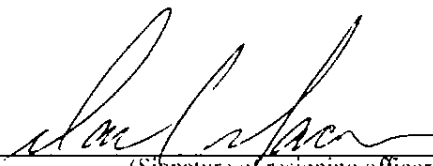
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, David W. Dacar, hereby resign as Vice-President & Director  
(Title)

of Williamson Dacar Associates, Inc.  
(Name of Corporation)

P94000015298, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(Signature of resigning officer/director)

Resignation effective September 30, 2019

**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

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