(Ré	equestor's Name)		
(Ad	ldress)		
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(Ci	ty/State/Zip/Phone	#)	
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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: DEBREK FROM THE (Name of Corporation)
DOCUMENT NUMBER: P9500049390
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ELAINE VAN DYKE (Name of Person)
DEBREN 40005 INC (Name of Firm/Company)
P. D. Box 18181
CLEARUATER TO 33762 (City/State and Zip Code)
For further information concerning this matter, please call:
ELAINE WW DYKE at (727) 299-0662 (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

CR2E044 (03/12)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

of DEBREH TOOK INC	,
P9500049390, a corporation organized under the laws of the State of (Document Number, if known)	
Thoriga	
SECRETARY OF STALLAHASSEE, FLOR (Signature of fesigning officer/director)	7 7 7

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