

P96000012201

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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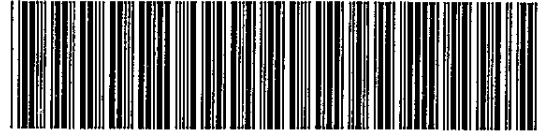
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DiRocco, Dombrow & Associates, P.A.

(Name of Corporation)

DOCUMENT NUMBER: P96000012201

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

Please return all correspondence concerning this matter to the following:

Allan B. Dombrow

(Name of Person)

(Name of Firm/Company)

5434 West Sample Road # 239

(Address)

Margate, FL 33073

(City/State and Zip Code)

For further information concerning this matter, please call:

Allan B. Dombrow

(Name of Person)

at (954) 777-0252 ext. 207

(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
409 E. Gaines Street
Tallahassee, FL 32399

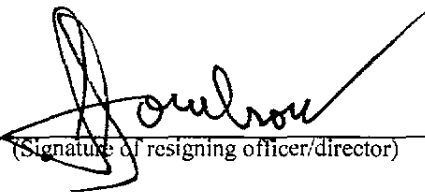
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Allan B. Dombrow, hereby resign as Secretary/Treasurer/ Director
(Title)

of DiRocco, Dombrow & Associates, P.A.
(Name of Corporation)

P96000012201, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

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04 JUL 30 PM 12:15
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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