## P99000032316

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
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•
· (Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
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07/06/09--01051--005 \*\*35.00

2009 JUL -6 PH 4: 20

DR. Resign.

TB 7-9-09

## **COVER LETTER**

SUBJECT: D.B.C.R. INC. (Name of Corporation)
DOCUMENT NUMBER: P9900032316
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
LAURIE AUERY (Name of Person)
D.B.C.L.T.C. (Name of Firm/Company)
8354 BIRD ROAD (Address)
Miami FL 33155 (City/State and Zip Code)
For further information concerning this matter, please call:
LAURIE AVERY at 570, 253-0973 (Name of Person) at 570, 253-0973 (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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

	president-vice president
I, LAURIE AVERY, hereby resig	m as Secretary - Treasurer
of D.B.C.R., I	NC.
(Name of Corporation)	
(Document Number, if known) a corporation organiz	ed under the laws of the State of
(Document Number, it known)	
Florida	ZIBS TALL
	ARE TO THE TOTAL PROPERTY OF THE PROPERTY OF T
Laure Cinny	ARY OF STATE STATE FLORID
(Signature of resigning office	r/director) 5m 6

## 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