P99000058051

(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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TRANSMITTAL LETTER

SUBJECT: Davis Well Service INC. (Name of Corporation) DOCUMENT NUMBER: P9900005805/
(Name of Corporation)
DOCUMENT NUMBER: + 49 00 00 58 05 /
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Willard 9 Malloy J.P. (Name of Person)
(Name of Firm/Company)
2908 State Ave
Panama (ity Fl 32405 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (850) 265-6049 (Area Code & Daytime Telephone Number)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

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

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Willard Mallog TR hereby resign as Treasurer Officer (Title)
of Davis Well Service Inc. (Name of Corporation)
P990005805], a corporation organized under the laws of the State of (Document Number, if known)
Florida

(Signature of resigning office director)

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