V 15885

| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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COVER LETTER

Amendment Section Division of Corporations

TO:

| SUBJECT: D.P. 600 TOC (Name of Corporation) |
|--|
| DOCUMENT NUMBER: V15885 |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing |
| Please return all correspondence concerning this matter to the following: |
| Nikole Augsten |
| (Name of Person) |
| Ultra Aviation Services |
| (Name of Firm/Company) |
| PO Box 996548 |
| (Address) |
| Miami, FL 33299 |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Nikole Augsten at (305) 876-0091 (Area Code & Daytime Telephone Number) |
| (Name of Person) (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 |

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, _ | Raul R. Dube | , hereby resign as | (Title) |
|------|---------------------------------------|----------------------------|------------------------|
| of_ | D.P. Grapo (Name of Corporation | Inc. | |
| | (Document Number, if known), a corpor | ration organized under the | e laws of the State of |
| | FLORIDA. | | |
| | | | |
| | (Signature of r | esigning officer/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