

V58895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

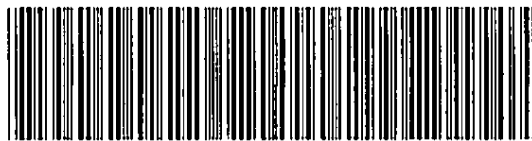
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800403759508

03/13/23--010:00--022 \*\*140.00

2023 MAR 13 AM 7:04

JUN - 2 2023

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DISTRIBUTORS' SOURCE OF FLORIDA, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** V 58895

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

Please return all correspondence concerning this matter to the following:

SAMUEL R. BONNEY

(Name of Person)

LAW OFFICE OF SAMUEL R. BONNEY

(Name of Firm/Company)

3838 OAK LAWN AVENUE, SUITE 810

(Address)

DALLAS, TEXAS 75219

(City/State and Zip Code)

For further information concerning this matter, please call:

SAMUEL R. BONNEY

(Name of Person)

at ( 214 ) 520-1920

(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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, STEVE ECKARD, hereby resign as PRESIDENT & DIRECTOR  
(Title)

of DISTRIBUTORS' SOURCE OF FLORIDA, INC.  
(Name of Corporation)

V 58895  
(Document Number, if known), a corporation organized under the laws of the State of  
FLORIDA

  
(Signature of resigning officer/director)

2023 MAR 13 AM 7:04

**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