## LPT60000001742

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
,	-	
]		

Office Use Only



300041692383

10/11/04--01020--021 \*\*35.00

)4 OCT 11 PM12: 55 ELUKE MRY OF STATE THE RESERVE TORION

ILED



## TRANSMITTAL LETTER

**TO:** Amendment Section Division of Corporations

SUBJECT: AFICAN AMERICAN (u) Sture (lub) In DOCUMENT NUMBER: MODODODO 2742

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

Please return all correspondence concerning this matter to the following:

A CHARLE (LUB) INC y John PA

(Name of Firm/Company)

2703 I. MIK Jp. BIVD.

(Address)

(Address)

(Address)

For further information concerning this matter, please call:

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, Homas And And Carporation (Name of Corporation)

NOBORD 27/2 , a corporation organized under the laws of the State of (Document Number, if known)

(Signature of realizating officer/director)

HURETARY OF STATE

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