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(R	equestor's Name)		
(A	ddress)		
. (A	ddress)		
(C	ity/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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COVER LETTER

Amendment Section Division of Corporations

TO:

Lake County	Soccer club inc. Tayares Florida		
SUBJECT: Lake County	SUBJECT: Lake County Soccer club inc. Tavares, Florida (Name of Corporation)		
DOCUMENT NUMBER:			
The enclosed Officer/Direct	tor Resignation for a Corporation and fee are submitted for filing		
Please return all correspond	lence concerning this matter to the following:		
George Intveld			
	ne of Person)		
(Name of	Firm/Company)		
1219 La Salida Way			
(/	Address)		
Leesburg, fl 34748			
(City/Stat	te and Zip Code)		
For further information con	cerning this matter, please call:		
George Intveld	at (352) 365 6094		
(Name of Pe	rson) at (352) 365 6094 (Area Code & Daytime Telephone Number)		
	.00 made payable to the Florida Department of State.		
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circl Tallahassee, FL 32301	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314		

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

. George Intveld	, hereby resign as_	Director of Coaching	
"	, notecy reoign as_	(Title)	
of Lake County Soccer Club, Inc.	oration)	,	
(Document Number, if known)	rporation organized un	der the laws of the State of	
Florida .		~ .	
Signatur	e of resigning officer/direc	OS MAY 19 AMII: LA SECRETARY OF SIAI TOP)	

Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314