

P02000100777

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

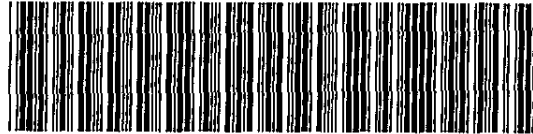
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100048422571

03/16/05--01040--005 **35.00

FILED
05 MAR 16 PM 3:20
CLERK OF STATE
TALLAHASSEE, FLORIDA

officer Resignation

T BROWN MAR 22 2005

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LABOR POWER OF FLORIDA, INC.
(Name of Corporation)

DOCUMENT NUMBER: P02000100777

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

Please return all correspondence concerning this matter to the following:

TERESA FINN

(Name of Person)

LABOR POWER OF FLORIDA, INC.

(Name of Firm/Company)

7131 BAMBOO STREET

(Address)

MIAMI LAKES, FLORIDA 33014

(City/State and Zip Code)

For further information concerning this matter, please call:

TERESA FINN

(Name of Person)

at (305) 824-0392

(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
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

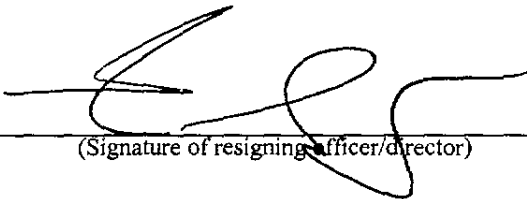
FILED
05 MAR 16 PM 3:20
CLERK OF STATE
TALLAHASSEE, FLORIDA

I, TERESA FINN, hereby resign as PRESIDENT
(Title)

of LABOR POWER OF FLORIDA, INC.
(Name of Corporation)

P02000100777, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning 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