

PD3000017279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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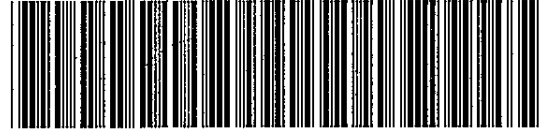
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Logical Reef Inc.
(Name of Corporation)

DOCUMENT NUMBER: ~~602338900.359~~ PD 3000017279

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

Please return all correspondence concerning this matter to the following:

Larry B. Kile Jr.
(Name of Person)

(Name of Firm/Company)

430 Count St.
(Address)

Melbourne, FL 32901
(City/State and Zip Code)

For further information concerning this matter, please call:

Stacey Kile at (321) 821-1535
(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, STACEY C. KILE, hereby resign as TREASURER.
(Title)

of LOGICAL REEF INC.
(Name of Corporation)

003000017279, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Stacey C. Kile
(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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of FL
County of Broward

SD

