

562770

(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



500109684805

09/25/07--01005--012 **35.00

off / li copy

FILED
07 SEP 25 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts OCT 01 2007

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: L.P.M. INC.
(Name of Corporation)

DOCUMENT NUMBER: 562770

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

Please return all correspondence concerning this matter to the following:

JULIA ROSA MENA DE LIMA.
(Name of Person)

L.P.M. INC
(Name of Firm/Company)

521 SAVONA AVE.
(Address)

COVINGTON GABLES, FLORIDA 33146.
(City/State and Zip Code)

For further information concerning this matter, please call:

ELIZABETH LIMA at (726) 326. 6324
(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

FILED

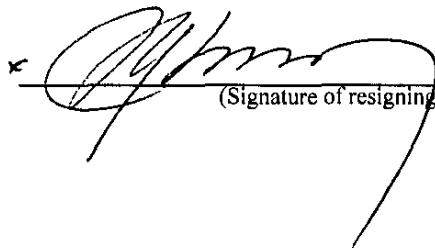
07 SEP 25 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Julia Rosa Menia DE Lima, hereby resign as VPD / TD
(Title)

of L.P.M., INC.
(Name of Corporation)

562770, 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