701534

(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:		
1		
Office Use Only		



500329929305

05/30/19--01001--012 **35.⊅o

2019 HAY 30 PH 1:46

R. WHITE.

TRANSMITTAL LETTER

Division of Corporations	
1	
SUBJECT: LAKE OF THE	E HILLS COMMUNITY CLUB INC
	(Name of Corporation)
DOCUMENT NUMBER: 7015	
The enclosed Officer/Director Resi	gnation for a Corporation and fee are submitted for filing.
Please return all correspondence ec	oncerning this matter to the following:
BECKY WYNKOO	P
(Name of Per	son)
(Name of Firm/C	ompany)
108 LA CASA	
(Address)	
LAKE WALES, FL	33898
(City/State and Zi	
For further information concerning	this matter, please call:
BECKY WYNKOOI	P at (863) 289-5030 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 mag	le payable to the Florida Department of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations 2661 Executive Center Circle
Tallahassee, ^l FL 32314	Tallahassee, FL 32301

CR2E044 (05/13)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, JOHANNA BUSCHEF	R	
	(Title)	
	COMMUNITY CLUB INC	
(Name of Corporation)		
	corporation organized under the laws of the State of	
(Document Number, if known)		
FLORIDA		

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

