

FL30000004712

(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



200263955802

09/09/14--01003--015 **35.00

FILED
SECRETARY OF STATE
14 SEP -9 PM 2 46

OD/RES
@ 9.16.14

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LNF INCORPORATED aka LNF SOLUTIONS INC.
(Name of Corporation)

DOCUMENT NUMBER: F13000004712

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

Please return all correspondence concerning this matter to the following:

LINDA J. WELLS
(Name of Person)

LNF INCORPORATED
(Name of Firm/Company)

P.O. Box 2869
(Address)

JACKSON, WYOMING 83001
(City/State and Zip Code)

For further information concerning this matter, please call:

LINDA J. WELLS at (877) 509-1563
(Name of Person) (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
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, LINDA J. WELLS, hereby resign as SECRETARY
(Title)

of LNF INCORPORATED ^{INC.} ~~dba LNF SOLUTIONS INC.~~
(Name of Corporation)

F13000004712, a corporation organized under the laws of the State of
(Document Number, if known)

WYOMING

Linda J. Wells
(Signature of resigning officer/director)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 SEP -9 PM 2:46

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