## H 75535

| (Re                     | questor's Name)   |           |
|-------------------------|-------------------|-----------|
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|                         |                   |           |
| (Ad                     | dress)            |           |
| (Cit                    | y/State/Zip/Phone | e#)       |
|                         |                   |           |
| PICK-UP                 | WAIT              | MAIL      |
|                         |                   |           |
| (Bu                     | siness Entity Nan | ne)       |
| (Do                     | cument Number)    |           |
| (50                     | cument Number)    |           |
| Certified Copies        | _ Certificates    | of Status |
|                         |                   |           |
| Special Instructions to | Filing Officer:   |           |
|                         |                   |           |
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Office Use Only



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## TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations   |
|--|
| SUBJECT: LANDEE INC (Name of Corporation)  DOCUMENT NUMBER: H 75535                          |
| DOCUMENT NUMBER: H 75535   |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing |
| Please return all correspondence concerning this matter to the following:                    |
| LEE BOROWOKY   |
| (Name of Person)   |
| LANDEE INC   |
| (Name of Firm/Company)   |
| 6780 SW 81 TERRACE (Address)   |
|  |
| MIAM FL 38148 (City/State and Zip Code)  |
|  |
| For further information concerning this matter, please call:                                 |
| LEE RORDWAY at (305) 566 688 (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 409 E. Gaines Street Tallahassee, FL 32399

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, _ | HELTOR  | IBAR                 | hereby resign as        | DIRECTO                  | 28     | - |
|------|---------|----------------------|-------------------------|--------------------------|--------|---|
| of_  | LAI     | WDEE<br>(Name of Cor | TW.                     | Z SEC                    | 2 1    |   |
|      | H 7553a | .ac                  | orporation organized un | nder the laws of the Sta | e or   |   |
|      |         | <del>.</del>         |                         |                          | 111 58 | ď |
|      |         |                      |                         |                          | .s.    |   |

(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