

L00543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

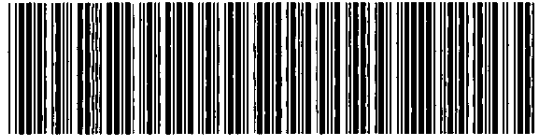
PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

off. Resign.
TB 5-12-09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: WESINCO/FLORIDA, INC.
(Name of Corporation)

DOCUMENT NUMBER: L00543

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

TOLAND DOUGLAS WESSINGER
(Name of Person)

WESINCO/FLORIDA, INC.
(Name of Firm/Company)

324 DEVONSHIRE LANE
(Address)

COLUMBIA SC 29212
(City/State and Zip Code)

For further information concerning this matter, please call:

TOLAND DOUGLAS WESSINGER at (803) 920-8352
(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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, TOLAND DOUGLA WESSINGER, hereby resign as PS
(Title)

of WESINCO/FLORIDA, INC.
(Name of Corporation)

L00543, 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

