## 170373

(Requestor's Name)		
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(Cit	:y/State/Zip/Phone	<del>9</del> #)
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Certified Copies	_ Certificates	s or Status
Special Instructions to	Filing Officer:	





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officer Resignation

TB 1-16-89

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

INTIMATES LINGEDIE DE NADI ES INC
SUBJECT: INTIMATES LINGERIE OF NAPLES, INC.  (Name of Corporation)
DOCUMENT NUMBER: L70373
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
TIM L. SIZEMORE
(Name of Person)
INTIMATES LINGERIE OF NAPLES, INC
(Name of Firm/Company)
2083 PINE RIDGE ROAD
(Address)
NAPLES, FLORIDA 34109
(City/State and Zip Code)
For further information concerning this matter, please call:
TIM L. SIZEMORE 239 269-0119
TIM L. SIZEMORE  (Name of Person)  at (239) 269-0119  (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

I, HUBERT W. SIZEMORE	, hereby resign as	
	(Title)	
ofINTIMATES LINGERIE OF N.		
(Namo	e of Corporation)	
L70373	, a corporation organized under the laws of the State of	
(Document Number, if known)		
FLORIDA	<u></u> .	
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7775	Signature of resigning officer/director)	
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## 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
Tallahassec, Florida 32314