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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

officer Resignation

TB

6/18/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Montessori Children's School Of Lake Placid, Inc.
(Name of Corporation)

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Jennifer L. Payne

(Name of Person)

(Name of Firm/Company)

3907 Divot Rd.

(Address)

Sebring, FL 33872

(City/State and Zip Code)

For further information concerning this matter, please call:

Jennifer L. Payne

(Name of Person)

at (863) 381-9662

(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

_____, 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

Hereby let it be known that my name was added as an officer of the above corporation without my knowledge or consent. I have never worked in a capacity as prescribed by law of Not For Profit Organizations officers or board of directors, to have been listed as a corporate officer. I have never approved the financial transactions of, or the conduction of business of this organization. I was a parent volunteer, doing fund raisers and volunteer time around the school but was told from the start that I did not get involved in the running of the operation in any manner.