## ND4000000430

(Re	equestor's Name)	
(Address)		
(Address)		
(Cit	ty/State/Zip/Phone	<del>&gt; #)</del>
PICK-UP	☐ WAIT	MAIL
(Ві	ısiness Entity Nar	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
		-
<u> </u>		



700110592617

10/15/07--01026--014 \*\*35.00

SECRETARY OF STATEMS
OF OCT 29 AM 9: 49

200

Office Use Only

(a, 10.30.07



October 18, 2007

DON BUTLER STORY MAKERS, LLC 113 ANDOVER DRIVE JUPITER, FL 33458

SUBJECT: THE TAKE HEED THEATER COMPANY, INC.

Ref. Number: N0400006430

We have received your document for THE TAKE HEED THEATER COMPANY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the officer name/title and signature to reflect our records. See the enclosed print out.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 707A00061417

RECFIVED

OUT OCT 29 AM 8: 00

SECRETARY OF STATE

AL AHASSEE, FLORIDA

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: THE TAKE HEED THEATER COMPANY, INC. (Name of Corporation)
DOCUMENT NUMBER: N 0 4 0 0 0 0 0 6 4 3 0
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
DON BUTLER (Name of Person)
Story Makers, LLC (Name of Firm/Company)
113 Andover Drive (Address)
Juriter, FL 33458 (City/State and Zip Code)
For further information concerning this matter, please call:
Don Butler at (561) 775-7145 (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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

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

DIVESION 25 AM 9: 49