

N04000009535

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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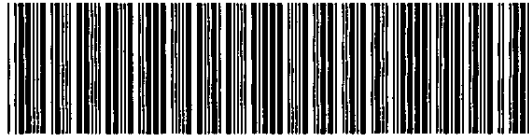
(Business Entity Name)

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12 JUL 16 PM 3:39
SECRETARY OF STATE
TALLAHASSEE FL 32399-0001

Off Resign

JUL 18 2012

T. LEWIS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 2, 2012

CINDY COOK
THE FORGOTTEN ONES, INC.
98 W. BROADWAY STREET
OVIDO, FL 32765

SUBJECT: THE FORGOTTEN ONES, INC.
Ref. Number: N04000009535

The fee to resign as officer/director for a corporation is \$35 per person resigning.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6050.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 912A00017924

RECEIVED
DIVISION OF CORPORATIONS
2012 JUL 16 AM 8:18
TO AGENCY OF RECORD
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Forgotten Ones, Inc.
(Name of Corporation)

DOCUMENT NUMBER: 1040000 9535

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

Please return all correspondence concerning this matter to the following:

Cindy Cook
(Name of Person)

The Forgotten Ones, Inc
(Name of Firm/Company)

98 W Broadway ST
(Address)

Orlando, FL 32765
(City/State and Zip Code)

For further information concerning this matter, please call:

Cindy Cook at (407) 782-2706
(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

RECEIVED
JUL 12 2005
AM 11:11
TO: TALLAHASSEE
OFFICE OF THE
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FILED

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

12 JUL 16 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Sami McGARR, hereby resign as V. P.
(Title)

of The Forgotten Ones, Inc.
(Name of Corporation)

Not 000009535, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Sami
(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