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Division of Corporations

Florida Department of State

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Fax Number : (850) 617-6380

From:
Account Name : BURGESS, HARRELL, MANCUSO, OLSON & COLTON, P.
Account Number : I2CC00000104
Phone : (941) 366-3700
Fax Number : (941) 366-0189

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AMND/RESTATE/CORRECT OR O/D RESIGN

THE LOFINO FAMILY FOUNDATION, INC.

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE LOFINO FAMILY FOUNDATION, INC.

(Name of Corporation)

DOCUMENT NUMBER: N05000005661

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

Please return all correspondence concerning this matter to the following:

DONALD J. HARRELL

(Name of Person)

Burgess Harrell Mancuso Olson & Colton, P.A.

(Name of Firm/Company)

1776 RINGLING BLVD.

(Address)

SARASOTA, FLORIDA 34236

(City/State and Zip Code)

For further information concerning this matter, please call:

DONALD J. HARRELL

(Name of Person)

at (941) 366-3700

(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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**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, JOHN W. WEST, III, hereby resign as DIRECTOR
(Title)

of THE LOFINO FAMILY FOUNDATION, INC.
(Name of Corporation)

N05000005661, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

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TALLAHASSEE, FLORIDA

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

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