

N06000010003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100163085291

12/07/09--01062--009 **35.00

60 DEC - 7 PM 3:14
FALLS CHURCH, VIRGINIA

C. Coulliette
C.COULLIETTE
DEC 10 2009
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LCHA, INC
(Name of Corporation)

DOCUMENT NUMBER: N06000010003

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

Please return all correspondence concerning this matter to the following:

TAMMY AZEVEDO

(Name of Person)

(Name of Firm/Company)

POB 4632

(Address)

NORTH FORT MYERS, FL 33918

(City/State and Zip Code)

For further information concerning this matter, please call:

TAMMY AZEVEDO

(Name of Person)

at (239) 849-9611

(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, TAMMY AZEVEDO, hereby resign as SECRETARY
(Title)

of LCHA, INC
(Name of Corporation)

N06000010003, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

RECEIVED
60 DEC - 7 PM 3:14
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