

NO600000/0003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

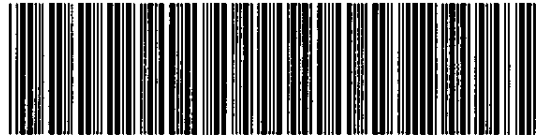
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

\* Roberts DEC 11 2009

## 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:

CONNIE JACOBS

(Name of Person)

(Name of Firm/Company)

203 SW 15TH TERRACE

(Address)

CAPE CORAL, FL 33991

(City/State and Zip Code)

For further information concerning this matter, please call:

CONNIE JACOBS

(Name of Person)

at ( 239 ) 574-4189

(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, CONNIE JACOBS, hereby resign as PRESIDENT  
(Title)

of LCHA, INC,  
(Name of Corporation)

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

Connie Jacobs  
(Signature of resigning officer/director)

FILED  
09 DEC -9 AM 11:40  
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