

ND7000010596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

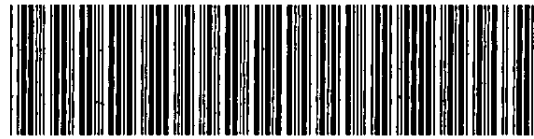
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
08 JUN 23 PM 3:18

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@ 4/25/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Lake Area Academy, Inc.
(Name of Corporation)

DOCUMENT NUMBER: N-070000105916

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

Please return all correspondence concerning this matter to the following:

Stephanie A. Chiappini
(Name of Person)

(Name of Firm/Company)

PO Box 1328
(Address)

Melrose, FL 32666
(City/State and Zip Code)

For further information concerning this matter, please call:

Stephanie Chiappini at (352) 727-8077
(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**

I, Stephanie A. Chiappini, hereby resign as Director
(Title)

of The Lake Area Academy
(Name of Corporation)

N-07000010596, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Stephanie A. Chiappini
(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

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DIVISION OF CORPORATIONS
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Paid CK# 3864 in amount of \$ 35.00