

NO80000008496

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

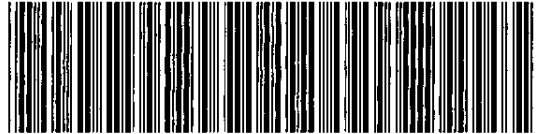
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

off. Resign.

TB

4/8/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LLB ENTERPRISES, INC.
(Name of Corporation)

DOCUMENT NUMBER: N08000008496

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

Please return all correspondence concerning this matter to the following:

LUCILLE HOOD

(Name of Person)

(Name of Firm/Company)

10702 PRESERVE LAKE DR #309

(Address)

TAMPA, FL 33626-4440

(City/State and Zip Code)

For further information concerning this matter, please call:

LUCILLE HOOD

(Name of Person)

at (813) 854-6247

(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, LUCILLE HOOD, hereby resign as VP, TREASURER & DIRECTOR
(Title)

of LLB ENTERPRISES, INC.,
(Name of Corporation)

N08000008496, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.


(Signature of resigning officer/director)

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SECRETARY OF STATE
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