

NO 8000011211

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

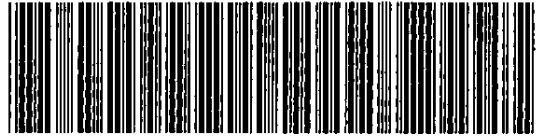
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TALLAHASSEE, FLORIDA

*Off. Resign*  
C.COULLIETTE

APR 29 2010

EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Lincoln Cemetery Memorial Park Corp.  
(Name of Corporation)

**DOCUMENT NUMBER:** N08000011211

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

Please return all correspondence concerning this matter to the following:

Sarlie McKinnon

(Name of Person)

Lincoln Cemetery Memorial Park Corp.

(Name of Firm/Company)

4003 5th Avenue North

(Address)

St. Petersburg, Florida 33713

(City/State and Zip Code)

For further information concerning this matter, please call:

Sarlie McKinnon

(Name of Person)

at ( 727 ) 643-1031

(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

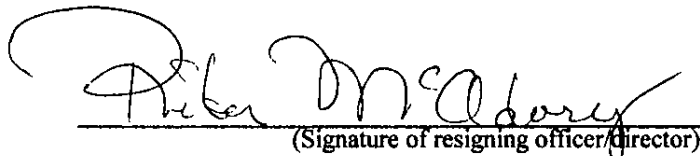
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Rita McAdory, hereby resign as Treasurer  
(Title)

of Lincoln Cemetery Memorial Park Corp.  
(Name of Corporation)

N08000011211, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida.

  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

10 APR 28 PM 3:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314