(Requestor's Name)	_	
(Address)	_	
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(City/State/Zip/Phone #)	_	
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PICK-UP WAIT MAIL		
(Business Entity Name)	_	
(Document Number)		
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Certified Copies Certificates of Status		
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Special Instructions to Filing Officer:	ı	
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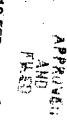
Office Use Only



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SECRETARY OF BALL





COVER LETTER

	Amendment Section Division of Corporations
SUBJE	CT: Lady Kanes Inc
	(Name of Corporation)
DOCU	MENT NUMBER: N10000002959
The enc	losed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please r	eturn all correspondence concerning this matter to the following:
Gary F	Palmer
	(Name of Person)
· 	(Name of Firm/Company)
2700 8	S Oakland Forest Dr #105
"	(Address)
Oaklaı	nd Park, FI 33309
	(City/State and Zip Code)
For furtl	her information concerning this matter, please call:
Gary P	at (
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclose	d is a check for \$35.00 made payable to the Florida Department of State.
Amendn Division Clifton E 2661 Ex	Mailing Address: ment Section a of Corporations Building Post Office Box 6327 recutive Center Circle See FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

T Gary Palmer	, hereby resign as President
3	(Title)
of Lady Kanes Inc	
	of Corporation)
N1000002959 (Document Number, if known)	_, a corporation organized under the laws of the State of
Florida	

(Signature of resigning officer/director)

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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