

N110000003389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

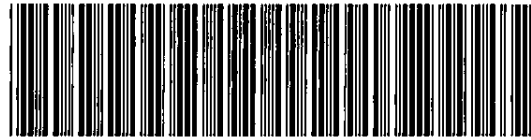
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

OD/Res
10/11/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Arche Legacy Inc.
(Name of Corporation)

DOCUMENT NUMBER: 111000003389

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

Please return all correspondence concerning this matter to the following:

LORELLE ANNE GAYLE
(Name of Person)

(Name of Firm/Company)

12265 TRUST CIRCLE
(Address)

SPRING HILL, FL 34609
(City/State and Zip Code)

For further information concerning this matter, please call:

Robbie Cash at (727) 861-5009
(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, LORELE A. CAYLE, hereby resign as Co-President
(Title)

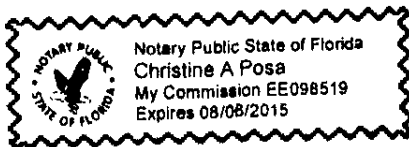
of Arden Legacy Inc.
(Name of Corporation)

11000003389, a corporation organized under the laws of the State of
(Document Number, if known)

FL

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DIVISION OF CORPORATIONS
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Lorelle A. Cayle
(Signature of resigning officer/director)



FILING FEE IS \$35.00

State of Florida, Pasco
County of Pasco
I, Christine Posa, a Notary Public of said County
and State, do hereby certify that Lorelle A. Cayle
personally appeared before me this day and acknowledged the due
execution of the foregoing instrument. Witness my hand and official
seal, this the 7 day of November, 2011.
Notary Public: Christine A. Posa

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

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