N12000008411

(D-		
(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
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	-	1
Special Instructions to	Filing Officer:	
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Office Use Only



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10/06/14--01033--025 **35,.00

SLOBETARY OF MILL OF SIGNATION

1 Lewis 14

TRANSMITTAL LETTER

SUBJECT: Left For Dead Riding Association, Inc.

(Name of Corporation)

DOCUMENT NUMBER: N4200008411 (N1200008411)

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following:

Anthony J. Vernieri

(Name of Person)

Left For Dead Riding Assoc. Inc.

(Name of Firm/Company)

3894 Mannix Dr. Suite#210

(Address)

Naples, FI 34114

(City/State and Zip Code)

For further information concerning this matter, please call:

Anthony J. Vernieri

(Name of Person)

at (239 206-9955)

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:

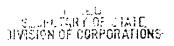
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

TO:

Amendment Section Division of Corporations



OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

14 OCT -6 AM II: 36

_{ı,} <u>James Kaufman</u>	, hereby resign as Vice President (Title)
	ing Association, Inc.
(Na	me of Corporation)
N12000008411 (Document Number, if known)	, a corporation organized under the laws of the State of
Florida	

FILING FEE IS \$35.00

(Signature of resigning officer/director)

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

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