

*Madison*

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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*CHDRAS*

SEP 08 2015

R. WHITE

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CHAPS CENTER, INC  
(Name of Corporation)

**DOCUMENT NUMBER:** N 12000009028

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

Please return all correspondence concerning this matter to the following:

Lozi Johnson

(Name of Person)

CHAPS CENTER, INC

(Name of Firm/Company)

4952 S. Sanford Ave

(Address)

Sanford FL 32773

(City/State and Zip Code)

For further information concerning this matter, please call:

ABOVE - Lozi Johnson at (407) 304-0305

(Name of Person)

(Area Code & Daytime Telephone Number)

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

**Mailing Address:**

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

**Street Address:**

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

46-0947827

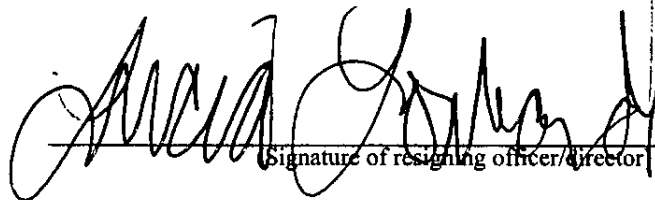
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Lucia Lombardi, hereby resign as director (Title)

of Chaps Center, INC. (Name of Corporation)

N 12000009028, 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**

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

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

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