N13000002284

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





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TRANSMITTAL LETTER

TO: Am

Amendment Section Division of Corporations

SUBJECT: New L.E.A.P.S. Academy Inc.

(Name of Corporation)

DOCUMENT NUMBER: <u>N130</u>00002284

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

Please return all correspondence concerning this matter to the following:

Dale L. Akins

(Name of Person)

(Name of Firm/Company)

215 W Grand Central Ave PH2

(Address)

Tampa, FL 33606

(City/State and Zip Code)

For further information concerning this matter, please call:

Dale L. Akins

....813

789-6058

(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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

	/ DIRECTOR RESIGNATION DR A CORPORATION	A STATE OF THE STA
Dale L. Akins	. hereby resign as Directo	r (Title)
New L.E.A.P.S. Ac	·	·
(Nan	ne of Corporation)	
N13000002284 (Document Number, if known)	, a corporation organized under the laws	of the State of
Florida		

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