N14000008350

. (R€	equestor's Name)	···
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAJL
(Bu	siness Entity Nar	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
		;

Office Use Only



400285681584

05/18/16--01010--002 **35.00



T. LEBNIEUX

TRANSMITTAL LETTER

LOWER CLASS MC INC. (Name of Corporation) **DOCUMENT NUMBER:** N14000008350 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MICHAEL P DUWE (Name of Person) (Name of Firm/Company) 838 LILAC TRACE LANE (Address) ORLANDO, FL 32828 (City/State and Zip Code) For further information concerning this matter, please call: MICHAEL P DUWE Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Mailing Address:
Amendment Section **Street Address:** Amendment Section **Division of Corporations**

2661 Executive Center Circle Tallahassee, FL 32301

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO:

Amendment Section **Division of Corporations**

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, MICHAEL P DUW	VICE PRESIDENT, TREASURER, AND SECRETARY , hereby resign as
**	(Title)
of LOWER CLASS N	AC INC.
(Na	ne of Corporation)
N1400008350	, a corporation organized under the laws of the State of
(Document Number, if known)	•
FLORIDA	'

FILING FEE IS \$35.00

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

Amendment Section
Division of Corporations

P.O. Poy 6327

P.O. Box 6327 Tallahassee, Florida 32314