

N15000004878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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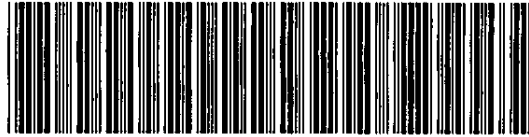
(Business Entity Name)

(Document Number)

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TO: Amendment Section
Division of Corporations

SUBJECT: IN-GAUGE OF POLK COUNTY, INC.
(Name of Corporation)

DOCUMENT NUMBER: N 15 00000 4878

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

Please return all correspondence concerning this matter to the following:

PATRICIA EDDINS
(Name of Person)

IN-GAUGE OF POLK COUNTY, INC.
(Name of Firm/Company)

6039 CYPRESS GARDENS BLVD. 125
(Address)

WINTER HAVEN FL 33884
(City/State and Zip Code)

For further information concerning this matter, please call:

PATRICIA EDDINS at (863) 294-6562
(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**

I, MARK OSBORN, hereby resign as PRES.
(Title)

of IN-GAUGE OF POLK COUNTY, INC.,
(Name of Corporation)

N 15 00000 4878, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.



(Signature of resigning officer/director)

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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