

N160000002986

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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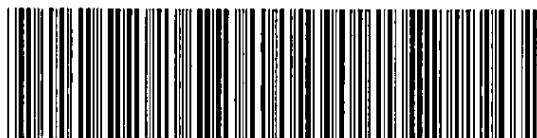
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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I ALBRITTON

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LINABEAN ACADEMY INC.

(Name of Corporation)

DOCUMENT NUMBER: N16000002986

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

Please return all correspondence concerning this matter to the following:

ISCHOLINA WILLIAMS

(Name of Person)

LINABEAN ACADEMY INC.

(Name of Firm/Company)

2222 E MLK JR BLVD

(Address)

TAMPA, FL 33610

(City/State and Zip Code)

For further information concerning this matter, please call:

ISCHOLINA WILLIAMS at **813 293-0983**

(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:

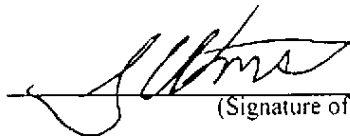
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, JAMES WILLIAMS, Sr., hereby resign as VP
(Title)

of LINABEAN ACADEMY INC.
(Name of Corporation)

N16000002986, 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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2019 JUN 14 PM 3:17
TALLAHASSEE, FLORIDA