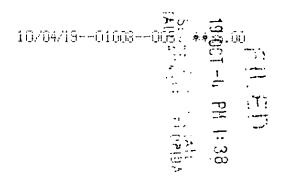
N1900000 6076

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





600334401286



T SCHOOLDER

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Logan'S Rescent Inc (Name of Corporation) DOCUMENT NUMBER: N19000006076
DOCUMENT NUMBER: N 1900000 60 76
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Mary Heavy (Name of Person)
(Name of Firm/Company)
10441 Miller Circle
Journaston FL 324(ele (City/State and Zip Code)
For further information concerning this matter, please call:
Macy Healty at (\$50) 774-6854 (Name of Person) (Area Code & Daytime Telephone Number)

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

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

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1. Mary Hearry	, hereby resign as Tree	Swer (Title)
of Logan's Retra	boration)	 ·
N190000 6076 a ec	orporation organized under the I	aws of the State of
Florida		
	[/ ₂ (- 19
(S)gnatur	re of resigning officer/director)	0CT -4 P
		PH 1: 38

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

FILING FEE IS \$35.00

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