

N43271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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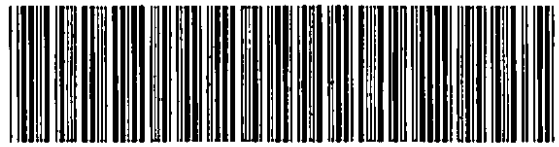
(Business Entity Name)

(Document Number)

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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LAKE PLACID CHRISTIAN SCHOOL, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** N43271

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 A. Rider**

(Name of Person)

**Rider & Thompson, P.A.**

(Name of Firm/Company)

**13 N. Oak Ave**

(Address)

**Lake Placid, FL 33852**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Michael A. Rider**

(Name of Person)

at **(863) 465-1111**

(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

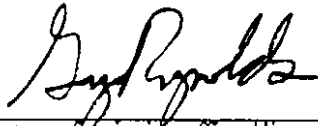
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, GREGRY S. REYNOLDS, hereby resign as DIRECTOR  
(Title)

of LAKE PLACID CHRISTIAN SCHOOL, INC.  
(Name of Corporation)

N43271  
(Document Number, if known), a corporation organized under the laws of the State of

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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