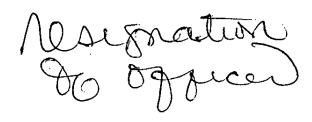
N45729

	(Requestor's Name)	
	(Address)	
	(Address)	
-	(City/State/Zip/Phone #)	
PICK-UF	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of 8	Status
Special Instructions	s to Filing Officer:	
	,	
		Status

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2113 JUL 31 PM 1: 54

SEURELARY OF STATE
TALLAHASSEE, FLORID

8/2/13

TRANȘMITTAL LETTER

SUBJECT: Shoppes in Jacara and Commerce Association In
DOCUMENT NUMBER: N45729
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person)
PA Lethbridge +Co (Name of Firm/Company)
855) W. Sunrise Blvd #104 (Address)
Plantation, FL 33322 (City/State and Zip Code)
For further information concerning this matter, please call:
Barry Lethbridge at (954) 424-7750 (Area Code & Daytime Telephone Number)

TO:

Amendment Section Division of Corporations

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

FILEC

2813 JUL 31 PM 1:54

1. Barry Lethbridg	hereby resign as DIGHE TAILY OF STATE AND A HASSEE, FLORIDA (Title)
of Shoppes In Jac.	a randa Commerce Association, In
(Document Number, if known)	, a corporation organized under the laws of the State of

(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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED

2819 JUL 31 PM 1:54

I, Darry Lethbridge, hereby resign as (Title)
of Shoppes In Jacaranla Commerce Association, Inc. (Name of Corporation)
(Document Number, if known), a corporation organized under the laws of the State of
<u>PLH</u>
(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