

N93000000669

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

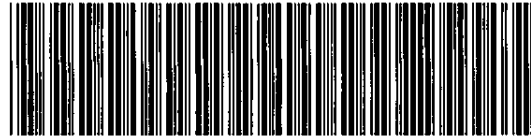
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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OCT - 8 2012
C. MUSTAIN

COVER LETTER

TO: Amendment Section
Division of Corporations
INNERMOTION, INC.

SUBJECT: N93000000669
(Name of Corporation)

DOCUMENT NUMBER: _____

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

SHARON DAUGHERTY correspondence concerning this matter to the following:

INNERMOTION, INC. (Name of Person)

306 North M Street (Name of Firm/Company)

Lake Worth, FL 33460 (Address)

(City/State and Zip Code)

For further information concerning this matter, please call:
SHARON DAUGHERTY 850 491-5229

(Name of Person) at (_____) _____
(Area Code & Daytime Telephone Number)

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

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

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

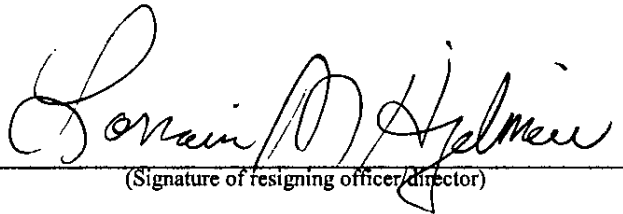
LORRAINE M. HJELMEIR

VIVICE PRESIDENT/DIRECTOR

I, _____, hereby resign as _____
INNERMOTION, INC. (Title)

N93000000669 _____
(Name of Corporation)

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


(Signature of resigning officer/director)

FILED
12 OCT -5 PM 3:40
SECTION OF STATE
TALLAHASSEE, FLORIDA

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