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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : TRUMAN J. COSTELLO, P.A. Account Number : 120020000024

Fax Number

Phone : (239) 939-2222 : (239)939-2280

**Enter the email address for this business entity to be used for fruture annual report mailings. Enter only one email address please. Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN LINDEN PLACE LOT OWNERS ASSOCIATION, INC.

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8/11/2010

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COVER LETTER

Amendment Section Division of Corporations Linden Place Lot Owners Association, Inc. (Name of Corporation) N95000000116 **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Truman J. Costello, Esq. (Name of Person) Truman J. Costello, P.A. (Name of Firm/Company) 12670 New Brittany Boulevard, Suite 101 (Address) Fort Myers, FL 33907 (City/State and Zip Code) For further information concerning this matter, please call: Truman J. Costello (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: Street Address: Amendment Section
Division of Corporations Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahossee, FL 32301 Post Office Box 6327 Tallahassee, FL 32314

CR2E044(08/05)

TO:

(((H10000180779 3)))

(((H10000180779 3)))

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. Truman J. Costello	hereby resign as Director	
	(Title)	
of Linden Place Lot Owners Ass	sociation, Inc.	
	e of Corporation)	
N9500000116 (Document Number, if known)	, a corporation organized under the laws of the State of	
Florida		
	Signature of resigning officer/director) SECRETARY JULY SAN SEE, FLORE AND SEE,	
	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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