

N 97000 000 244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

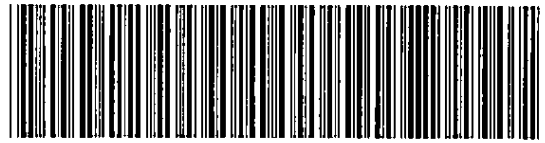
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400331262244

07/03/19--01015--007 **35.00

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

19 JUL -3 PM 2:02

FILED

JUL 15 2019
T SCHROEDER

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Library and Information Resources Network
(Name of Corporation)

DOCUMENT NUMBER: N97000000 244

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

Please return all correspondence concerning this matter to the following:

Camilla DiLoreto
(Name of Person)

Library and Information Resources Network
(Name of Firm/Company)

25400 US Hwy 19 W #220
(Address)

Clearwater FL 33763
(City/State and Zip Code)

For further information concerning this matter, please call:

Andrew Anderson at (727) 5360214 X100
(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:
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

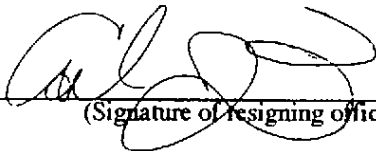
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Camilla Di Loreto, hereby resign as Treasurer
(Title)

of Library and Information Resources Network
(Name of Corporation)

N97000000244, a corporation organized under the laws of the State of
(Document Number, if known)

Florida.


(Signature of resigning officer/director)

FILED
19 JUL -3 PM 2:02
SECRETARY 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