

✓ P00000053949

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Park Manufactured Housing, Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** P00000053949

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

Please return all correspondence concerning this matter to the following:

Ginna Paulsen  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

12920 SW 15th St.  
(Address)

DAVIE, FL 33325  
(City/State and Zip Code)

For further information concerning this matter, please call:

Ginna Paulsen at (954) 394-9352  
(Name of Person) (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

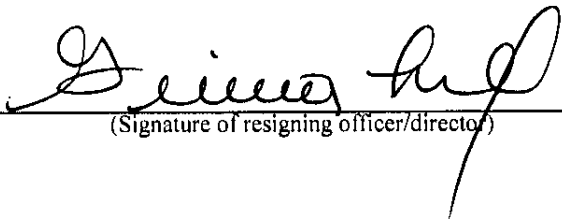
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Ginna Paulsen, hereby resign as Secretary  
(Title)

of Park Manufactured Housing, Inc.  
(Name of Corporation)

P000000053949, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA.

  
(Signature of resigning officer/director)

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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