

P 00000085567

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

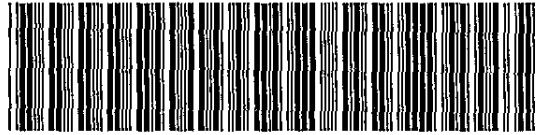
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

05 JUN 14 PM 1:55

FILED

Rs 10/15/05
c/p les.

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Paul Lippens Inc.
(Name of Corporation)
DOCUMENT NUMBER: P00000088567

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Paul Lippens

(Name of Person)

Paul Lippens Inc.

(Name of Firm/Company)

537 Dandelion Drive

(Address)

Jacksonville, Florida 32259

(City/State and Zip Code)

For further information concerning this matter, please call:

Paul Lippens

(Name of Person)

at (

904

504-3017

(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
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
05 JUN 14 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Florencia Lippens, hereby resign as Vice President
(Title)

of Paul Lippens, Inc.
(Name of Corporation)

P00000088567, a corporation organized under the laws of the State of
(Document Number, if known)
Florida

Florencia Lippens
(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