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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
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(Bu	siness Entity Nan	ne)
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TRANSMITTAL LETTER

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	Clois	Weaver	, hereby resign as	PRES	Title)	<i>.</i>
of	LSLAND	HoPPER (Name of Corp	PRPENTRY,	INC.		. •
Po	OOOO /O	8630 , a co	orporation organized und	ler the laws of t	he State of	
	TORIDA	·				
			re of resigning officer/directe	or)	05 SEP 12 AM II: 24	

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