

P01000006289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

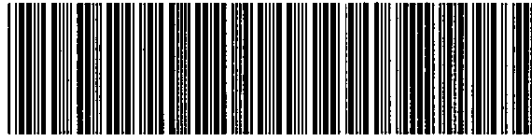
(Business Entity Name)

(Document Number)

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SECRETARY OF
DIVISION OF CORPORATIONS
09 SEP -8 AM 11:39

Roberts SEP 11 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LOPRESSIONISM INC.
(Name of Corporation)

DOCUMENT NUMBER: P01000006289

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

Please return all correspondence concerning this matter to the following:

ANGELA LOPRESTI ST. AMANT
(Name of Person)

LOPRESSIONISM GALLERY
(Name of Firm/Company)

1002 E. NEW HAVEN AVE
(Address)

MELBOURNE, FL 32901
(City/State and Zip Code)

For further information concerning this matter, please call:

ANGELA ST. AMANT at (321) 722-6000
(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**

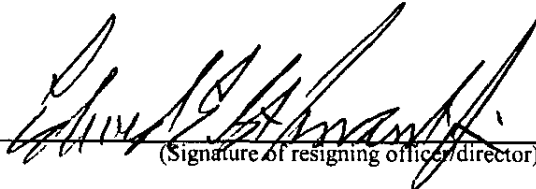
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 SEP -8 AM 11:39

I, EDWARD E. ST. AMANT JR., hereby resign as TREASURER
(Title)

of LOPRESSIONISM INC.
(Name of Corporation)

P01000006289, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(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