

PO1000077810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

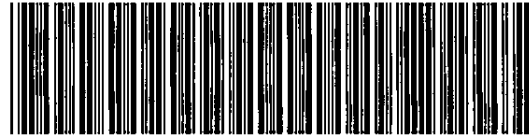
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900258166629

03/27/14--01019--003 **35.00

FILED

14 MAR 27 PM 4:51

O/D
04/01/14
DC

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lynndale Farm, Inc
(Name of Corporation)

DOCUMENT NUMBER: P01000077810

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

Please return all correspondence concerning this matter to the following:

Toni B. Jones
(Name of Person)

Lynndale Farm, Inc.
(Name of Firm/Company)

P.O. Box 129
(Address)

Reddick, FL 32686
(City/State and Zip Code)

For further information concerning this matter, please call:

Toni B. Jones at (352) 804-9998
(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, Robert D. Jones, hereby resign as President and Director
(Title)

of Lynndale Farm, Inc.
(Name of Corporation)

P01000077810, 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

RECEIVED
MAR 27 1991
FILING SECTION

14 MAR 27 PM 4:51

FILED