

P010000121312

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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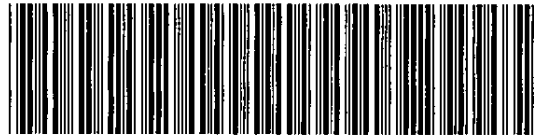
(Business Entity Name)

(Document Number)

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@ 10/20/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LOCAL BROKER & ASSOCIATES, INC.

(Name of Corporation)

DOCUMENT NUMBER: P01000121312

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

Please return all correspondence concerning this matter to the following:

JOHN MASTROPIERRO

(Name of Person)

LOCAL BROKER & ASSOCIATES, INC.

(Name of Firm/Company)

232 RIVER BEACH DR.

(Address)

ORMOND BEACH FL 32176

(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN MASTROPIERRO

(Name of Person)

at (386) 615-6225

(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

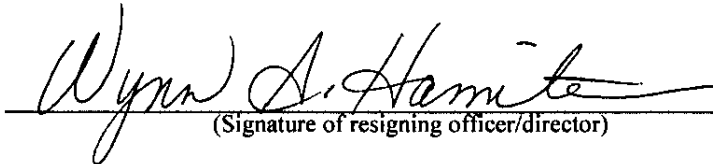
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, WYNN A HAMILTON, hereby resign as VICE- PRES/DIRECTOR
(Title)

of LOCAL BROKER & ASSOCIATES, INC
(Name of Corporation)

P01000121312, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

FILED
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DIVISION OF CORPORATIONS
08 OCT 14 PM 4:17

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