

PO2000002187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** L & L LIQUIDATIONS INC.

(Name of Corporation)

**DOCUMENT NUMBER:** P02000002187

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

Please return all correspondence concerning this matter to the following:

JUSTIN R. LEWIS

(Name of Person)

L & L LIQUIDATIONS INC.

(Name of Firm/Company)

14500 W. DIXIE HWY.

(Address)

MIAMI, FLORIDA, 33161

(City/State and Zip Code)

For further information concerning this matter, please call:

JUSTIN R. LEWIS

at (

786

) 586-2346

(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  
409 E. Gaines Street  
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

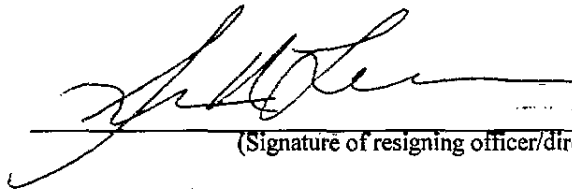
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TALLAHASSEE, FLORIDA

I, JUSTIN R. LEWIS, hereby resign as PRESIDENT  
(Title)

of L & L LIQUIDATIONS, INC.  
(Name of Corporation)

P02000002187, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

 8-1-05  
(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