

PD2000053550

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

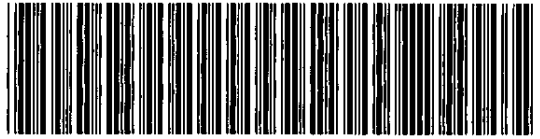
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900129927089

05/21/08--01027--007 **35.00

FILED
08 MAY 21 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A handwritten signature in black ink, appearing to read "C. Corditto".

C. Corditto MAY 28 2008

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LCFP Inc.
(Name of Corporation)

DOCUMENT NUMBER: P02000053550

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Robert B. Henegar
(Name of Person)

LCFP Inc.
(Name of Firm/Company)

12645 New Brittany Blvd., Building # 15
(Address)

Ft. Myers, FL 33907
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert B. Henegar at (239) 936-4585
(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**

I, Angel O. Pietri, hereby resign as Director
(Title)

of LCFP Inc.
(Name of Corporation)

P02000053550, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

 5/16/08
(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

FILED
08 MAY 21 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA