

PO2000054395

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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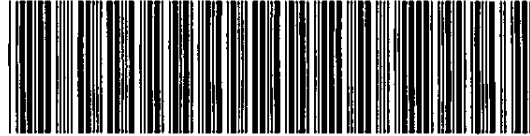
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
16 FEB 18 PM 2:49

FEB 18 2016

C LEWIS

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: L.Y. Koleilat, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P02000054395

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

Please return all correspondence concerning this matter to the following:

Khaled M. Koleilat

(Name of Person)

K.M. Koleilat, Inc.

(Name of Firm/Company)

2247 John Anderson Drive

(Address)

Ormond Beach, FL 32176

(City/State and Zip Code)

For further information concerning this matter, please call:

Khaled M. Koleilat at (386) 4419314
(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**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS


16 FEB 18 PM 2:49

I, Lauren Y. Koleilat, hereby resign as President and Director
(Title)

of L.Y. Koleilat, Inc.
(Name of Corporation)

P02000054395, 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