## P02000086697

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	<del>.</del>
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	-
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
	-	

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JUL 2 4 2012 T. BROWN

## **COVER LETTER**

SUBJECT:_ FLORIDA MOTO	RCYCLE TRAINING OF LAKE COUNTY, INC.
SUBJECT:	(Name of Corporation)
DOCUMENT NUMBER: PO	02000086697
The enclosed Officer/Director Re	esignation for a Corporation and fee are submitted for filing.
Please return all correspondence	concerning this matter to the following:
Angela Washo	
(Name of P	erson)
FLORIDA MOTORCYCLE T	RAINING OF LAKE CC
(Name of Firm/	Company)
605 N LAKESHORE BLVD	
(Addres	s)
HOWEY IN THE HILLS FL 34	4737
(City/State and	Zip Code)
For further information concerning	ng this matter, please call:
Angela Washo	at ( 352 ) 589-7233  (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 m	ade 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

TO:

Amendment Section Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



Bradley Washo	, hereby resign as Vice President
	(Title)
J1	RAINING OF LAKE COUNTY, INC.
(Name	of Corporation)
P02000086697 (Document Number, if known)	_, a corporation organized under the laws of the State of
FLORIDA	
	Gradly Waster
(2	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