## P0300018220

|   | ···                                   |
|---|---------------------------------------|
| (Requestor's Name                       | ∍)                                    |
| (Address)                               | <u> </u>                              |
| (Address)                               | · · · · · · · · · · · · · · · · · · · |
| (Addiess)                               |                                       |
| (City/State/Zip/Pho                     | ne #)                                 |
| PICK-UP WAIT                            | MAIL                                  |
|   |                                       |
| (Business Entity N                      | ame)                                  |
| (Document Numbe                         | er)                                   |
| Certified Copies Certificat             | es of Status                          |
| Special Instructions to Filing Officer: |                                       |
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SECRETARY OF STATE



## **COVER LETTER**

| TO: Amendment Section Division of Corporations  |
|---|
| SUBJECT: LEAFS, To. (Name of Corporation)   |
| DOCUMENT NUMBER:  |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing  |
| Please return all correspondence concerning this matter to the following:   |
| Honga Dolfyothe<br>(Name of Person)<br>(Name of Firm/Company)   |
| 103 9. Narcipous Aut, 8tc. 705  |
| W. Palm Bach FL 33401<br>(City/State and Zip Lode)  |
| For further information concerning this matter, please call:  |
| (Name of Person) at ( ) (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 Division of Corporations Post Office Box 6327 Tallahassee, FL 32314 |

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| , tonya DCI tych   | hereby resign as Problem                             | CTitle)                                 |
|--|--|---|
| of LEAFS, Inc. (Name of  | Corporation)   | , , , , , , , , , , , , , , , , , , ,   |
| (Document Number, if known)  | a corporation organized under the laws               | of the State of                         |
|  |  |   |
| - CO (Signal Signal Sig | nature of resigning officer director)  The Prosident | FILL PHIZE SECRETARY OF STALLAHASSEE, F |

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