

P030000029416

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

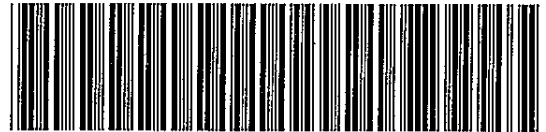
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Nov 02 2005

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BRABHAM LOVETT, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P03000029416

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

Please return all correspondence concerning this matter to the following:

CASEY LOVETT  
(Name of Person)

KIM S. PARDY, P.A.  
(Name of Firm/Company)

P.O. Box 3747  
(Address)

ORLANDO, FL 32802-3747  
(City/State and Zip Code)

For further information concerning this matter, please call:

CASEY LOVETT at (407) 481-0066  
(Name of Person) (Area Code & Daytime Telephone Number)

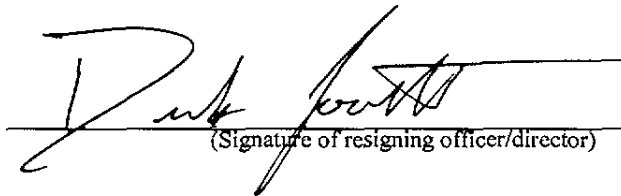
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**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**

I, DEREK B. LOVETT, hereby resign as DIRECTOR  
(Title)  
of BRABHAM LOVETT, INC.,  
(Name of Corporation)  
P03000029416, a corporation organized under the laws of the State of  
(Document Number, if known)  
FLORIDA.

  
(Signature of resigning officer/director)

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TALLAHASSEE FLORIDA

**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