

P03000055824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

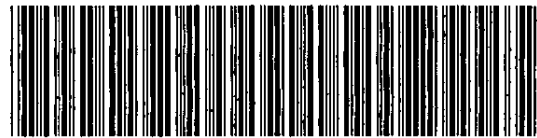
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200133125642

07/21/08--01064--002 **35.00

7/22/08
Officer Riegn
Erin Murphy

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Legal Mediation Practice, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P03000055824

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

Please return all correspondence concerning this matter to the following:

Glenn W. Connelly

(Name of Person)

Legal Mediation Practice, Inc

(Name of Firm/Company)

12708 Wedge Court

(Address)

Jacksonville, FL 32225

(City/State and Zip Code)

For further information concerning this matter, please call:

Tammy

(Name of Person)

at (904) 387-3187ext 233
(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, Glenn W. Connelly, hereby resign as President
(Title)

of Legal Mediation Practice, Inc.,
(Name of Corporation)

P03000055824, 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