P03000055824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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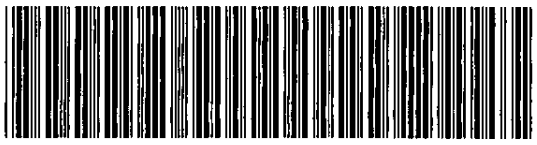

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TALLAHASSEE, FLORIDA

officer Resignation

TB 10/31/08

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:

Tammy Mackey
(Name of Person)

Legal Mediation Practice, Inc
(Name of Firm/Company)

1919 Blanding Blvd, St. 4
(Address)

Jacksonville, FL 32210
(City/State and Zip Code)

For further information concerning this matter, please call:

Tammy Mackey at (904) 387-3187 xt233
(Name of Person) (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

CR2E044(08/05)

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

I, Tammy Mackey, hereby resign as Treasurer
(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.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Tammy Mackey
(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