P03000081799

(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:		
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor:	s Name)
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CARAGRAPY OF STATE

officer Resignation

Office Use Only

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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: WALDEN LIONES, INC. (Name of Corporation) DOCUMENT NUMBER: P03000081799
DOCUMENT NUMBER: +030000 81799
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
MARGIE L DULIN (Name of Person)
(Name of Firm/Company)
6263 SE 127th PL (Address)
Belleview 7/ 34420 (City/State and Zip Code)
For further information concerning this matter, please call:
MARGIE L DUCIN at (352) 732 233 2 (Area Code & Daytime Telephone Number)

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

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION of WALDEN Homes INC. (Name of Corporation)

300081799, a corporation organized under the laws of the State of Document Number, if known)

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