P03000153616

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	* *******
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	



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Office Use Only

TRANSMITTAL LETTER

SUBJECT: LENWRIGHT BUILDERS [NC (Name of Corporation)) DOCUMENT NUMBER: PO3000153616
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JAMES WRIGHT (Name of Person)
(Name of Person)
(Name of Person) LENWRIGHT BUILDERS INC (Name of Firm/Company)
(Name of Firm/Company)
(Name of Person) LENWRIGHT BUILDERS INC (Name of Firm/Company) 3021 SW 28th Ave (Address) Cape Coral Fla. 33914 (City/State and Zin Code)
Cape Coral Fla. 33914 (City/State and Zip Code)
For further information concerning this matter, please call:
TAMES Wright at (239) 540-8845 (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

Amendment Section Division of Corporations

TO:

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, JAMes Wright, hereby resign as Vice Prosident
of LENWRIGHT BUILDERS INC. (Name of Corporation)
P03000 153616 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