PO4000003757

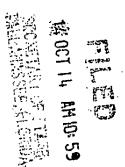
(Re	equestor's Name)	<u></u>
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Document Number)		
(DC	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
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10/14/14--01024--010 **35.00



OCT 22 2014 C. CARROTHERS

TRANSMITTAL LETTER

Division of Corporations $_{ t -}$ & L PRICE INC (Name of Corporation) P04000003757 **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Lonnie T. Price (Name of Person) L & L PRICE INC (Name of Firm/Company) 3636 SE 21ST AVE (Address) OKEECHOBEE, FLORIDA 34974 (City/State and Zip Code) For further information concerning this matter, please call: LONNIE T. PRICE at (863) 763-5959

(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

TO:

Amendment Section

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

_{I.} LYNNE E. PRICE	, hereby resign as V. PRESIDENT	
	(Title)	
of L & L PRICE INC	,	
(Name	e of Corporation)	
P0400003757	, 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

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