P0400021712

(Rec	uestor's Name)	
(Add	lress)	
(Add	lress)	
(City	/State/Zip/Phone	<i>∍#</i>)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



100058236781

08/11/05--01027--019 **35.00

D5 AUG 11 PH 12: 19

LUN HAKY OF STATE
TALLAHASSEE. FLORID

B fistos

TRANSMITTAL LETTER

SUBJECT: NEW LENOX JUVENILE PRODUCTS, INC.
(Name of Corporation)
DOCUMENT NUMBER: P04000021712
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Carroll E. Lewis
(Name of Person)
(Name of Firm/Company)
6800 SW 18th Terr Road
(Address)
Ocala, FL 34476
(City/State and Zip Code)
For further information concerning this matter, please call:
Carroll E. Lewis at (352) 620-0039 x 16 (Area Code & Daytime Telephone Number)
(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:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



L Carroll E. Lewis	hereby resign as Director	
	(Title)	
New Lenox Juvenile Prod	lucts, Inc.	
	(Name of Corporation)	
P04000021712 (Document Number, if known)	, a corporation organized under the laws of the State of	
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