

P04000058779

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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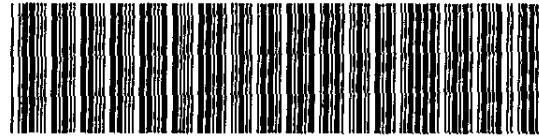
(Business Entity Name)

(Document Number)

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O/S L.S.

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BUYER'S + SELLER'S NOLES REALTY, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** FEIN 341990146, P04000058719

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

EILEEN NORTON  
(Name of Person)

BUYER'S + SELLER'S NOLES REALTY  
(Name of Firm/Company)

1777 TAMiami TRAIL # 406  
(Address)

PORT CHARLOTTE, FL 33948  
(City/State and Zip Code)

For further information concerning this matter, please call:

THOMAS LEPRE at ( 941 ) 204-5019  
(Name of Person) (Area Code & Daytime Telephone Number)

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

#1346

**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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

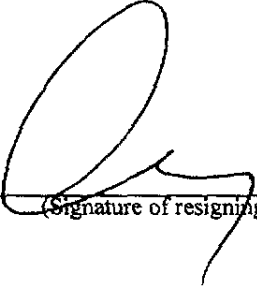
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I, THOMAS LEPRE, hereby resign as DIRECTOR + OFFICER  
(Title)

of BUYER'S + SELLER'S NOLES REALTY, INC.  
(Name of Corporation)

P04000058779, 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