

P04000115062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

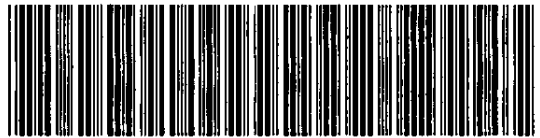
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09 NOV 30 PM 12:00
DIVISION OF CORPORATIONS
SECRETARY OF STATE

Roberts DEC 02 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SWCYCLE OF LEE COUNTY INC.
(Name of Corporation)

DOCUMENT NUMBER: PO4000115062

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

Please return all correspondence concerning this matter to the following:

JOHN LECKIE

(Name of Person)

SWCYCLE OF LEE COUNTY INC.

(Name of Firm/Company)

1020 NE PINE ISLAND RD. UNIT 304

(Address)

CAPE CORAL, FLORIDA 33909

(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID LECKIE

(Name of Person)

at (239) 573-8800

(Area Code & Daytime Telephone Number)

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

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**

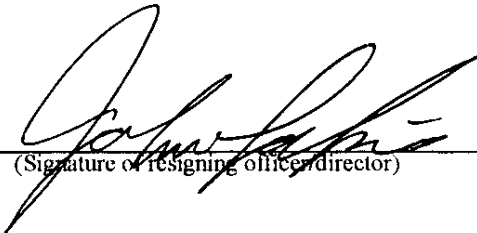
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 NOV 30 PM 12:00

I, JOHN LECKIE, hereby resign as TREASURER
(Title)

of SWCYCLE OF LEE COUNTY INC.
(Name of Corporation)

PO4000115062, 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