## POH000118226

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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: 309 LAKE, INC. (Name of Corporation)  DOCUMENT NUMBER: POYOO0118226
(Name of Corporation)
DOCUMENT NUMBER: POY000118226
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JOSEPH M. BOAN
(Name of Person)
(Name of Firm/Company)
3220 NORTH FLAGLER DAINE
(Address)
WEST PAIN BEACH, FZ 33407
(City/State and Zip Code)
For further information concerning this matter, please call:
TDSSPH BOAN at (SZI) 37/1772  (Name of Person) (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:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

CR2E044(08/05)

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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, JOSSPH M.	BOAN, her	reby resign as	VILE PLES	(DEN)	Diesero
of 309 LAK PO4000118226	(Name of Corporation)				··
(Document Number, if known		n organized und	er the laws of the	e State of	
4	(Signature of resign	ing officer/directo	r)	12 MAR -5 AM II: 3	FILED

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