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COVER LETTER

Division of Corporations
SUBJECT: LA MER VER TNC (Name of Corporation)
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:
ROGER VERRET (Name of Person)
LA MER VER Inc (Name of Firm/Company)
114 N. Marge Blosson The (Address)
OR CANDO, FC 32805 (City/State and Zip Code)
For further information concerning this matter, please call:
HOGGR VERRET at (407) 948-2060 (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

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	<i>7</i>		(Signature	of resigning offi	cer/director)		⊋	
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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