## P05000004483

(Requestor's Name	)
(Address)	
(Address)	
(City/State/Zip/Phor	ne #)
PICK-UP WAIT	MAIL
(Business Entity Na	ıme)
(Document Number)	
Certified Copies Certificate	es of Status
Special Instructions to Filing Officer:	



200064626402

01/27/06--01014--003 \*\*35.00

SECKLIANT OF STAT

## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: BL MORGAN INC	
(Name of Corporati	on)
DOCUMENT NUMBER: PO5000004483	
The enclosed Officer/Director Resignation for a Corporation a	and fee are submitted for filing
Please return all correspondence concerning this matter to the	following:
MORGAN HOUSEMAN	•
(Name of Person)	<del></del>
BL MORGAN	
(Name of Firm/Company)	en e
101 CLEARWATER LARGO RD N STE1	
(Address)	<del>==</del> *
LARGO, FL 33770	<b>\</b>
(City/State and Zip Code)	` <b>*</b>
For further information concerning this matter, please call:	
MORGAN HOUSEMAN 813	690-6243
(Name of Person) (Area Code &	690-6243 Daytime Telephone Number)
Enclosed is a check for \$35,00 made payable to the Florida De	martment 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\_

I, BRENDA L FREIESLEBEN	, hereby resign as
	(Title)
of BL MORGAN INC	,
(Name of C	Corporation)
PO5000004483 (Document Number, if known)	a corporation organized under the laws of the State of
FLORIDA	· ***
	ature 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