8500015975

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
. PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	



se Only

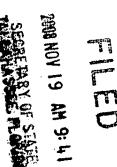


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COVER LETTER

Amendment Section Division of Corporations

TO:

l eathers Enterpris	eas Inc
SUBJECT: Leathers Enterpris	(Name of Corporation)
DOCUMENT NUMBER: PO	5000015975
•	signation for a Corporation and fee are submitted for filing
Please return all correspondence	concerning this matter to the following:
Michelle Leathers	
(Name of Po	erson)
(Name of Firm/	Company)
2235 Windsor Dr	
(Addres	s)
Merritt Island, FL 32952	
(City/State and	Zip Code)
For further information concerning	g this matter, please call:
Michelle Leathers	at (321) 302-8876
(Name of Person)	at (321) 302-8876 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 m.	ade 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

Michelle Leathers	, hereby resign as President
***	(Title)
of Leathers Enterprises Inc	
(Nam	e of Corporation)
P05000015975	, 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