5000046833

(Re	questor's Name)	
(Add	dress)	· · ·
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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07/24/08--01028--006 **35.00

Officer Resignation

TB 1/29/08

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: LCO'S Flooring of Jax, Inc. (Name of Corpodation) DOCUMENT NUMBER: P0500 0046833
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Leoner Cjergji (Name of Person)
(Name of Firm/Company) of Jax, IM.
4668 Mill Station Place (Address)
City/State and Zip C6de)
For further information concerning this matter, please call:
Leoner d G Crisi at (904, 571-5968 (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

TALLAHASSEE, FLORIDA

I, Preter Gjasi , hereby resign as Secretification (Title)	
of Led's Flooring of Jax IM (Name of Corporation)	.,
(Document Number, if known), a corporation organized under the laws of the State of	
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