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(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: LWIOTH, INC (Name of Corporation)
DOCUMENT NUMBER: POS 0000 47531
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 DRIVE (Address)
WEST BALM BSACH IFL 33407 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
TOSSPH BOAN at (SZI) 371.1772 (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.

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

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, JOSEPH M. BOAN, hereby resign as VICE PAS	Title)
	(Tiue)
of_ LW10TH IINE.	
(Name of Corporation)	/
Po500047531 a corporation organized under the laws (Document Number, if known)	₩ ₹0. ➡
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	11:36
Signature of resigning officer/director)	7
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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