P05000088703

(F	Requestor's Name)	
(A	Address)	
	NA June 20	
(*	Address)	
(0	City/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
	Business Entity Nar	nol
(E	susiness Entity Nar	ne)
(E	Document Number)	
Certified Copies	Certificates	s of Status
Special Instructions t	o Filing Officer.	
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: <u>CROFINANCIAC</u> SPRUICES, INC. (Name of Corporation)
DOCUMENT NUMBER: PU500088 703
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
POSE ROBBINS (Name of Person)
(Name of Person)
(Name of Firm/Company)
2309 LAUDERDAIE COURT
OLLAUPO FC32805 (City/State and Zip Code)
For further information concerning this matter, please call:
Rose Person) at (40) 4/5-23 10 (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,	ZOSE ROBBINS hereby resign	nas VICE PRESIDENT
of	LRD FINANCIAC SEA	evices Inc.
	(Document Number, if known), a corporation organize	d under the laws of the State of
	FroRIDA	06 APR 1 SLORETAF
		MY 00 1
	(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