## POSO00145038

(Requestor's Name)		
(Address)	_	
(Address)	—	
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Business Entity Name)		
1		
(Document Number)		
Certified Copies Certificates of Status		
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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: Eagle Rice	dge RV Center, Inc
	(Name of Corporation)
DOCUMENT NUMBER: P050	000145038
The enclosed Officer/Director Resig	gnation for a Corporation and fee are submitted for filing
Please return all correspondence cor	ncerning this matter to the following:
Karcie E. Crum	
(Name of Pers	on)
Eagle Ridge RV Center, Inc	
(Name of Firm/Co	mpany)
14694 US Hwy 27	
(Address)	
Lake Wales, FL 33859	
(City/State and Zip	o Code)
For further information concerning	this matter, please call:
Karcie E. Crum	at ( 863 ) 638-1908
(Name of Person)	at ( <u>863</u> ) 638-1908  (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 mad	e payable to the Florida Department of State.
Street Address:	Mailing Address:
Amendment Section	Amendment Section
Division of Corporations Clifton Building	Division of Corporations Post Office Box 6327
Division of Corporations Clifton Building 2661 Executive Center Circle	Tallahassee, FL 32314
Tallahassee, FL 32301	

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



I, Luther E. Miller	, hereby resign as
	(Title)
of_ Eagle Ridge RV Center, Inc	
(Name of Cor	poration)
P05000145038 ,a c	orporation organized under the laws of the State of
,	
Florida	•
1	

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