## 205000149943

/Pa	equestor's Name)				
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(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
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2006 NOV 20 AM II: 45

C. Coulliette NOV 2 1 2006

## **COVER LETTER**

	PALMDALE SO	OD THE		
SUBJECT:	PALMBALE 30		of Corpora	tion)
DOCUMENT NU	MBER: <u>Po</u>	5000149943	·	
The enclosed Offic	er/Director Resig	nation for a C	orporation	and fee are submitted for filing.
Please return all co	orrespondence con	cerning this n	natter to the	following:
Flavia Mans	<b>berger</b> (Name of Perso	on)		
<u>President</u>	(Name of Firm/Cor	npany)	· · · · · · · · · · · · · · · · · · ·	
411 Marion				
	(Address)			
Labelle, Fl				
	(City/State and Zip	Code)	•	
For further information	ation concerning t	his matter, ple	ase call:	
Flavia Mansber	:ger	at (	863	6730852 or 863-675-20154
(Na	ame of Person)	at (	(Area Code	& Daytime Telephone Number)
Enclosed is a check	k for \$35.00 made	payable to th	e Florida D	epartment of State.
Street Address: Amendment Section Division of Corporn Clifton Building 2661 Executive Central Tallahassee, FL 32	ations nter Circle	Mailing Add Amendment Division of C Post Office E Tallahassee,	Section Corporations Box 6327	S

TO:

Amendment Section Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

l, <u>Flavia Mansberger</u>	, hereby resign as_	President
		(Title)
	LE SOD, INC	
(Name	of Corporation)	
P05000149943 (Document Number, if known)	_, a corporation organized und	der the laws of the State of
Florida	·	
_ flav	ca Maller Signature of resigning officer/direct	TALLAHASS TALLAHASS
F	FILING FEE IS \$35.00	MII: 46

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314