P05000164681

(Re	questor's Name)	<u> </u>
(Add	dress)	
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(Cit	y/State/Zip/Phone	•#)
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(Do	cument Number)	
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06 APR 20 AM 8: 43

COVER LETTER

TO:	Amendment Section Division of Corporations
SUB	SJECT: Lorrie A Lovett, Inc.
	(Name of Corporation)
DOG	CUMENT NUMBER: P05000164681
The	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Pleas	se return all correspondence concerning this matter to the following:
Mic	chael Lovett
	(Name of Person)
Lor	rie A Lovett, Inc.
-	(Name of Firm/Company)
358	5 Acorn Drive
	(Address)
Titu	usville, Florida 32780
	(City/State and Zip Code)
For i	further information concerning this matter, please call:
Mic	(Name of Person) at (321) 591-2599 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Encl	osed is a check for \$35.00 made payable to the Florida Department of State.
Ame Divi: Clift 2661	et Address: Indiment Section Sion of Corporations On Building Executive Center Circle Shassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

TO:

OFFICER / DIRECTOR RESIGNATION 06 APR 20 AM 8: 43

Lorrie A. Lovett	, hereby resign as_	Director	
		(Title)	
of Lorrie A Lovett, Inc.			
(1	Name of Corporation)		
P05000164681	a corporation organized under the laws of the State of		
(Document Number, if known)			
Florida			

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