

PO6000044449

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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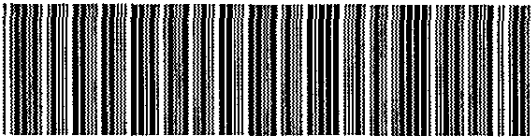
(Business Entity Name)

(Document Number)

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TO: Amendment Section
Division of Corporations

SUBJECT: L & N ANGLIN, INC
(Name of Corporation)

DOCUMENT NUMBER: P0600004449

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

FRITZ JEAN-LOUIS
(Name of Person)

L & N ANGLIN, INC
(Name of Firm/Company)

323 N. SAPODILLA AVE
(Address)

WEST PALM BEACH, FL 33401
(City/State and Zip Code)

For further information concerning this matter, please call:

FRITZ JEAN-LOUIS at (561) 687-7811
(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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, CHIKE ANIUKWU, hereby resign as TREASURER, DIRECTOR
(Title)

of L & N ANGLON, INC
(Name of Corporation)

P0600004449, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA



(Signature of resigning officer/director)

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06 DEC -1 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, 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