

PD00000084654

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200166353832

01/22/10--01007--003 \*\*35.00

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
10 JAN 22 PM 12:45

OD/R  
1a 1/24/10

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: J. A. LARRIVEE  
(Name of Corporation)

DOCUMENT NUMBER: P 06000084654

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

Please return all correspondence concerning this matter to the following:

JOYCE A. LARRIVEE  
(Name of Person)

J A LARRIVEE INC  
(Name of Firm/Company)

6223 ROCKROSS AVE  
(Address)

NEW PORT RICHEY FL 34655  
(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES A LARRIVEE at (727) 808-6990  
(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

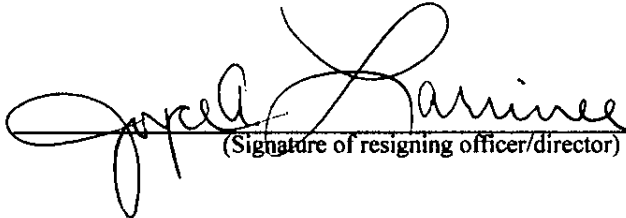
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Joyce A. LARRIVEE, hereby resign as SECRETARY  
(Title)

of J. A. LARRIVEE INC  
(Name of Corporation)

P06000084654, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
10 JAN 22 PM 12:45