

PO4 0000 904137

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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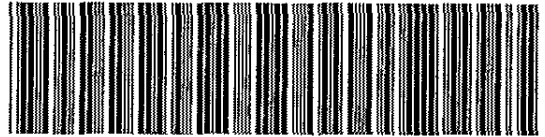
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

THA  
officer

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: L & R Custom Hurricane Protection Inc.  
(Name of Corporation)

DOCUMENT NUMBER: \_\_\_\_\_

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christopher L Newell  
(Name of Person)

L & R Custom Hurricane Protection  
(Name of Firm/Company)

1903 NE 51<sup>st</sup> CT  
(Address)

Ft. Lauderdale, FL 33308  
(City/State and Zip Code)

For further information concerning this matter, please call:

Christopher L. Newell at (954) 839-7697  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**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, Christopher L. Newell, hereby resign as President, Treasurer  
(Title)

of LHR Custom Hurricane Protection Inc.  
(Name of Corporation)

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

Florida

C. Gordon Newell  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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