## PO000092139

(Re	equestor's Name)	
(Ac	idress)	
· (Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
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06/06/12--01010--012 \*\*35.00



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: bake WAles Computer Center, Inc
SUBJECT: bake WAles Computer Center, Inc (Name of Corporation)  DOCUMENT NUMBER: 10600092129
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JAMES D JOHNSON (Name of Person)
LAKE WATES Computer Centur Inc (Name of Firm/Company)
125 E Central Avenue
LAKE WATES, FL 33853 (City/State and Zip Code)
For further information concerning this matter, please call:
James Johnson at (863) 679 - 6010 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, Linda D Johnson	, hereby resign as	Sec/Tres (Title)
of LAKE WAYES	Conputer Cer	HER, INC.
P0600092129 (Document Number, if known)	_ a corporation organized unde	
FIORIDA	<u>-</u>	
Lynda	gnature of resigning officer/director	2012 JUH - 6 AMU.

## 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