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Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Andrew's Louds coping of Lown Mann Lenone Inc (Name of Corporation)
DOCUMENT NUMBER: 10600009448
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Person)
(Name of Firm/Company) Andrews Londscapus & Lucu Monteworce In
120 NW Colonials t (Address)
Port St Ware To 3 U98 3 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (712) 260 5787 (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, Juon Pache	(Title)	
of Andrew's La	Name of Corporation	
Poboooo 94448 (Document Number, if known	, a corporation organized under the laws of the State of	
	(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