

PO6000123470

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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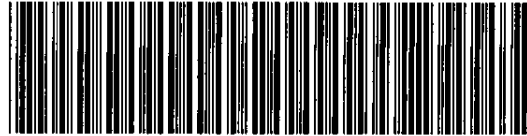
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
14 DEC - 1 PM 4:02

DEC - 9 2014
T. CARTER

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LEOMAX II, INC
(Name of Corporation)

DOCUMENT NUMBER: P06000123470

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

Please return all correspondence concerning this matter to the following:

OLIVIER ROSE

(Name of Person)

LEOMAX II INC

(Name of Firm/Company)

8131 LAKEWOOD MAIN STREET

(Address)

BRADENTON, FL 34202

(City/State and Zip Code)

For further information concerning this matter, please call:

LUCIEN LATREILLE at (941) 755-8221

(Name of Person)

(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
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 DEC -1 PM 4:02

I, LAETITIA ROSE-TRUEL, hereby resign as VP
(Title)

of LEOMAX II, INC.
(Name of Corporation)

P06000123470, 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