

P 06000 136555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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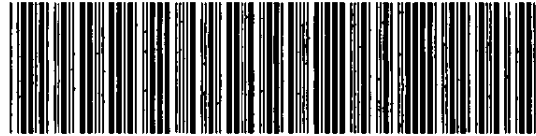
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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OLD RESIGN  
7/19/08  
DC

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LEMON GRASS THAI KITCHEN CORPORATION  
(Name of Corporation)

**DOCUMENT NUMBER:** P 0600013655

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)

PAWADEE SUBAN

\_\_\_\_\_  
(Name of Firm/Company)

11527 KENLEY CIRCLE

\_\_\_\_\_  
(Address)

ORLANDO, FLORIDA 32824

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

ANN M COLE at ( 407 ) 765-6250  
(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

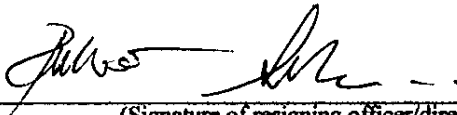
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, PAWADEE SUBAN, hereby resign as DIRECTOR  
(Title)

of LEMON GRASS THAI KITCHEN CORPORATION,  
(Name of Corporation)

P 0600013655, 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**  
08 JUL -3 AM 8:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA