## P06000152326

(Re	equestor's Name)	
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(Au	idless)	
(Cit	ty/State/Zip/Phone	∍ #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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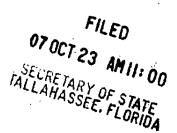
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Of Ris Lesego

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: LITCHFIELD ENTERPRISES INC
(Name of Corporation)
DOCUMENT NUMBER: P06000152326
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
NEIL PARKS
(Name of Person)
LITCHFIELD ENTERPRISES INC
(Name of Firm/Company)
16057 TAMPA PALMS BLVD SUITE 393
(Address)
TAMPA, FLORIDA 33647
(City/State and Zip Code)
For further information concerning this matter, please call:
NEIL PARKS at ( 813 ) 504-2924
NEIL PARKS  (Name of Person)  at (813) 504-2924  (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



<sub>I.</sub> JAYNE BAKER	, hereby resign as PRESIDENT	
7	(Title)	
of_LITCHFIELD ENTERPRISES,I		
(Name o	of Corporation)	
P06000152326 (Document Number, if known)	_, a corporation organized under the laws of the State of	
FLORIDA	_•	
	•	
	aurelon 10-18-07	
TS TS	ignature 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