

PO6000 152342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400109869054

09/26/07--01028--017 **35.00

FILED

07 SEP 26 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

blp
ray
Sg

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Tampa Laser Touch Mobile
(Name of Corporation)

DOCUMENT NUMBER: P006000152342

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

Please return all correspondence concerning this matter to the following:

Geannette Lavallee
(Name of Person)

(Name of Firm/Company)

1218. Magdalene Grove. Ave.
(Address)

Tampa, FL 33613
(City/State and Zip Code)

For further information concerning this matter, please call:

Geannette Lavallee at (787) 586-6979
(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

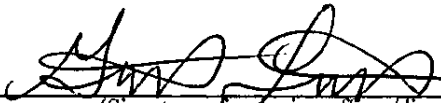
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Geannette Lavallee, hereby resign as officer
(Title)

of Tampa Laser Touch Mobile, INC.
(Name of Corporation)

P006000152342, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

FILED
07 SEP 26 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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