

P 07000015728

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

O/D/ [Signature]

3-3-08

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lifetime Impressions Inc.
(Name of Corporation)

DOCUMENT NUMBER: P07000015728

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

Please return all correspondence concerning this matter to the following:

Michael D. Davis
(Name of Person)

Lifetime Impressions Inc.
(Name of Firm/Company)

840 W. Hogle Ave
(Address)

Deland, Fl. 32720
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael D. Davis at (386) 882-5134
(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, Carolyn White, hereby resign as Vice President/Treasurer
(Title)

of Lifetime Impressions, Inc
(Name of Corporation)

P07000015728, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Carolyn White
(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

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