## P07000016009

<b>/≜</b>
(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:
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SECRETARY OF STATE
AND AMASSEE, FLORIDA

Officer Resignation

Office Use Only

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10-15-07

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: FOXY'S LAIR, INC. (Name of Corporation)  DOCUMENT NUMBER: P07000016009
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
SCOTT MSKENNEY (Name of Person)
(Name of Firm/Company)
420 HARDING AVE. (Address)
Cocoa BEACH, FL 32931 (City/State and Zip Code)
For further information concerning this matter, please call:
Scott McKenney at (321) 750-3429 (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

FO	/ DIRECTOR RESIGNATION OR A CORPORATION	ZOUTOCT 10 AM II: 15 ALLAHASSEE SE
I, Scott MEKEN	ルルモソ , hereby resign as Vice	PRESIDENT POLECTOR
of Foxy's (Name	LAIR, THC. e of Corporation)	,
P0700016009 (Document Number, if known)	, a corporation organized under the la	ws of the State of
FLORIDA	<u>_</u> .	

FILING FEE IS \$35.00

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314