

(Re	equestor's Name)	***
(Ad	ldress)	
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(Cil	ty/State/Zip/Phon	e #)
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'NOV 2 0 2013 T. CARTER

TRANSMITTAL LETTER

,
SUBJECT: LeGe~DARY SALES IN. (Name of Corporation)
DOCUMENT NUMBER: PO700026417
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
A LA~ (CM) (Name of Person)
(P6 enpany) SA(es Fox. (Name of Firm/Company)
1046 Yellow Stewe PASS (Address)
CANTONMEN FC 32533 (City/State and Zip Code)
For further information concerning this matter, please call:
ALAV COMO at (\$50) 377-0259 (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
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

DIRECTER TREASURAR	TO DAG 10 AD		
I, Tabitha Como, hereby resign as Vice Resignation (Title)	per	<u>T</u>	
of Lebenlary SALes Inc. (Name of Corporation)		·	
POTOCO 26417, a corporation organized under the laws of the State (Document Number, if known)	e of		
Floriba.			
Dalita Como	13 NOV 10	Sec.	
(Signature of resigning officer/director)	5 PH 2: 33	THE STATE	

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