

PO 700000 89690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

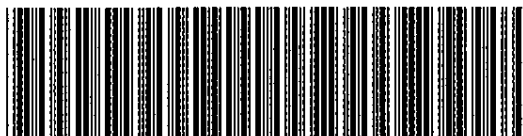
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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1a 3/24/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: 4 CASTLE'S AND 3 CLAIBORNE'S INC.

(Name of Corporation)

DOCUMENT NUMBER: P07000089690

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

Please return all correspondence concerning this matter to the following:

Cerano D. Claiborne

(Name of Person)

4 CASTLE'S AND 3 CLAIBORNE'S

(Name of Firm/Company)

P.O. Box 2582

(Address)

Sanford, Florida 32772

(City/State and Zip Code)

For further information concerning this matter, please call:

Cerano D. Claiborne

(Name of Person)

at (407) 320-7055

(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, Cerano D. Claiborne, hereby resign as President
(Title)

of 4 Castle's and 3 Claiborne's, Inc.,
(Name of Corporation)

P07000089690, a corporation organized under the laws of the State of
(Document Number, if known)
Florida.

Cerano D. Claiborne
(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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DIVISION OF CORPORATIONS
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