

P07000099453

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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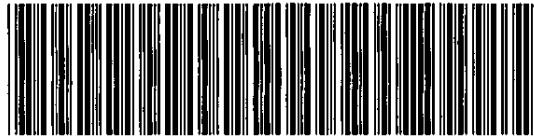
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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AND
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C. Coultette SEP 21 2007

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LOBED GROUP, INC.
(Name of Corporation)

DOCUMENT NUMBER: P07000099453

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

Please return all correspondence concerning this matter to the following:

CAROLE A. DesPeines
(Name of Person)

LOBED GROUP, INC.
(Name of Firm/Company)

9331 Mandrake Ct.
(Address)

Tampa, FL 33647
(City/State and Zip Code)

For further information concerning this matter, please call:

CAROLE A. DesPeines at (813) 625 2121
(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, Carole A. DesPaines, hereby resign as Secretary
(Title)

of LOBED Group, Inc.
(Name of Corporation)

P07000099453, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

CAD

(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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TALLAHASSEE, FLORIDA

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