Po7000099453

. (Re	equestor's Name)	
. (Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nai	me)
(Do	ocument Number))
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SECRETARY OF STATE
SECRETARY OF STATE

01D Resign 04/29/08 Dc

COVER LETTER

Division of Corporations
SUBJECT: LOBED GROUP TWC (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:
FEDY BELIZAIRE (Name of Person)
LOBED GROUP INC (Name of Firm/Company)
8349 015 TOWN DR (Address)
TAMPA FL 33647 (City/State and Zip Code)
For further information concerning this matter, please call:
FEDY BELIZAIRE at (813) 857-3502 (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

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, FEDY BELIZA	IRE, hereby resign as_	Treasurer (Title)
of LOBED GROV	PINC.	,
P07000099453 (Document Number, if known)	, a corporation organized un	der the laws of the State of
FLORIDA.		

Feds Bulgaring 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