

P08000007504

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

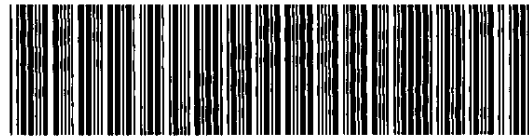
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600184826326

09/10/10--01018--012 **35.00

FILED
10 SEP 10 PM 12:07
CLERK OF COURT
JULIA A. BROWN

O/D Resign.

09/14/10

DL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LJM Financial, Inc.
(Name of Corporation)

DOCUMENT NUMBER: PD8000007504

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

Please return all correspondence concerning this matter to the following:

Robert Moffett
(Name of Person)

LJM Financial, Inc.
(Name of Firm/Company)

45 Woodland Dr.
(Address)

Tampa, FL 33469
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Moffett at (561) 234-6175
(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, Larry Moffett, hereby resign as ~~Vice~~ President
(Title)

of LSM Financial Inc.
(Name of Corporation)

P0800007504, a corporation organized under the laws of the State of
(Document Number, if known)

Florida



(Signature of resigning officer/director)

FILED
10 SEP 10 PM 12:07

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