

PO8000055742

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

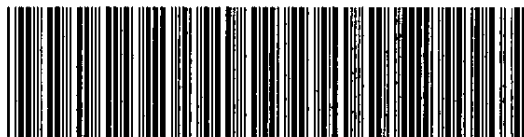
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*Dr/Lin Resign*

FILED  
08 JUN 30 PM 1:47  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

T. Roberts JUL 02 2008

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Lenses Only, Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** P08000055742

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

Please return all correspondence concerning this matter to the following:

Holm, Erik

(Name of Person)

Lenses Only, Inc

(Name of Firm/Company)

4721 E.Moody Blvd., Unit # 101

(Address)

Bunnell

(City/State and Zip Code)

For further information concerning this matter, please call:

Kjell G Larsson

(Name of Person)

at ( 386 ) 586- 1002

(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**

**FILED**

**08 JUN 30 PM 1:41**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

I, Erik Holm, hereby resign as Director  
(Title)

of Lenses Only, Inc  
(Name of Corporation)

P08000055742, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida



(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