

P08000069364

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

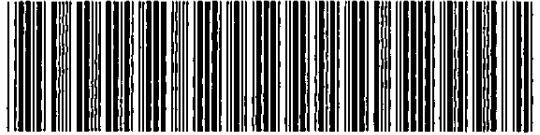
(Business Entity Name)

(Document Number)

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08 OCT 27 PM 3:27

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DD/Res
@ 10/30/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Director Resignation

(Name of Corporation)

DOCUMENT NUMBER:

908000069364

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

Please return all correspondence concerning this matter to the following:

Lucas Madawi

(Name of Person)

LBM Inspections Inc.

(Name of Firm/Company)

13745 Via Roma Circle

(Address)

Clermont, FL 34711

(City/State and Zip Code)

For further information concerning this matter, please call:

Lucas Madawi

at (407) 690-1044

(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:

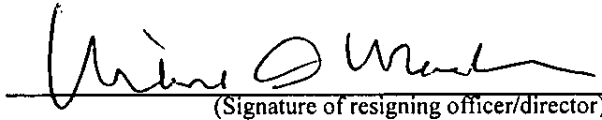
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, D. Michael Madawi, hereby resign as Director
(Title)

of LBM Inspections Inc.
(Name of Corporation)

P08000069364, 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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 OCT 27 PM 3:27**