

PO8 000073319

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

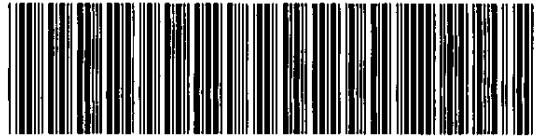
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/26/09--01015--003 **10.00

03/03/09--01008--016 **25.00

FILED
09 MAR 26 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: 2520 NORTH DALE STARRY INC
(Name of Corporation)

DOCUMENT NUMBER: 26-3117000

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

Please return all correspondence concerning this matter to the following:

INDIRA LALWANI
(Name of Person)

(Name of Firm/Company)

220 SOUTH FRANKLIN STREET
(Address)

TAMPA, FL 33602
(City/State and Zip Code)

For further information concerning this matter, please call:

INDIRA LALWANI at (813) 679-6415
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 12, 2009

INDIRA LALWANI
220 SOUTH FRANKLIN STREET
TAMPA, FL 33602

SUBJECT: 2520 NORTH DALE MABRY INC
Ref. Number: P08000073319

We have received your document for 2520 NORTH DALE MABRY INC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

To file a resignation as an officer or director with this office, the enclosed form should be completed and returned with a filing fee of \$35 per person resigning.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson
Document Specialist Supervisor

Letter Number: 009A00008033

ENCLOSED MONEY ORDER FOR \$10.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 MAR 25 AM 8:00

RECEIVED

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, INDIRA LALWANI, hereby resign as PRESIDENT / MANAGING MEMBER
(Title)

of 2520 NORTH DALE PLAZA INC
(Name of Corporation)

26-3117000, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Indira Lalwani
(Signature of resigning officer/director)

FILED
09 MAR 26 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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