## Po80000733)9

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
_ (Cit	ty/State/Zip/Phone	e #)
· PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



100144707011

03/03/09--01008--017 \*\*25.00

03/26/09--01015--002 \*\*10.00

09 MAR 26 PM 12: 25 Secretary of State Allahassee, Florie

dp Roo

9 Day11



## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 9, 2009

VANI 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: 509A00008033

ENCLOSED MONEY ORDER FOR \$10.

SECRETARY OF STATE
TALL AHASSEE, FLORIOA

2009 MA 25 AM 8: 00

BECEINED

## **COVER LETTER**

Division of Corporations
SUBJECT: 2520 NORTH DAVE MARRY Inc. (Name of Corporation)
DOCUMENT NUMBER: 26-3/17000
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
(Name of Person)
(Name of Firm/Company)
220 SOUTH FRANKLIN STREET (Address)
TAMPA, F-L 33602 (City/State and Zip Code)
For further information concerning this matter, please call:
Vani Lalwani at (873) 679 6395 (Area Code & Daytime Telephone Number)

TO:

Amendment Section

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, VANI L	1 LWAN/, hereby resign as MANAGING Title)	×
of <u>8520</u> NORT	(Name of Corporation)	
26 - 3//7-000 (Document Number, if known	, a corporation organized under the laws of the State of	
FLORIDA		

(Signature of resigning officer/director)

SECRETARY OF STATE

10

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