

P080000094930

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

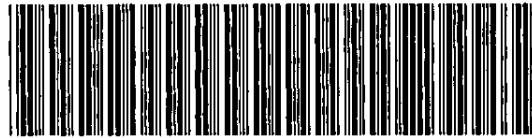
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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400240006514

Resignation
to officer

09/27/12--01014--014 **35.00

FILED
2012 SEP 27 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DR
10/2/12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MCLANE MASSAGE MANAGEMENT, INC.
(Name of Corporation)

DOCUMENT NUMBER: P0800094930

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

Please return all correspondence concerning this matter to the following:

WOODROW P. MCLANE
(Name of Person)

MCLANE MASSAGE MANAGEMENT, INC.
(Name of Firm/Company)

1100 SW 75 AVE
(Address)

PLANTATION, FL 33317
(City/State and Zip Code)

For further information concerning this matter, please call:

WOODY MCLANE at (954) 504-2135
(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**

FILED

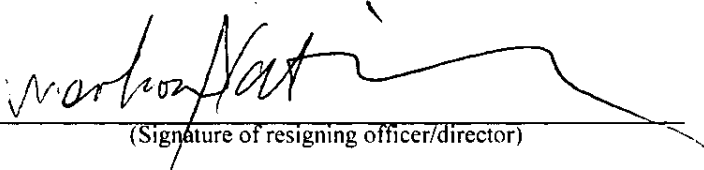
2012 SEP 27 AM 9:01

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

I, WEIHONG LAFEMINA, hereby resign as VICE PRESIDENT
(Title)

of MCLANE MASSAGE MANAGEMENT, INC.
(Name of Corporation)

PO8000094930, 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