

P08000095397

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

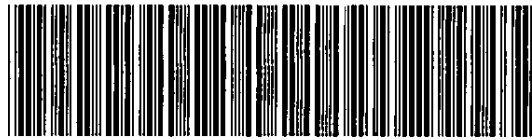
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STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
09 SEP - 8 PM 12:33

Roberts SEP 10 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lagniappe Lawn Care & Maintenance
(Name of Corporation)

DOCUMENT NUMBER: 26-35669006

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

Please return all correspondence concerning this matter to the following:

Brandi Lavoie

(Name of Person)

Lagniappe Lawn Care & Maintenance

(Name of Firm/Company)

1048 Twisted Branch Ln

(Address)

Saint Cloud, FL 34771

(City/State and Zip Code)

For further information concerning this matter, please call:

Brandi Lavoie

(Name of Person)

at (407) 957-7915

(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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 SEP -8 PM 12:33

I, Jason Lavoie, hereby resign as Manager
(Title)

of Lagniappe Lawn Care & Maintenance INC
(Name of Corporation)

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

Jason Lavoie
(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