

P09000010575

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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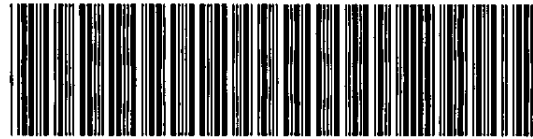
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ALL ONE FAMILY WOODS LAKE INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P09000010575

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

Please return all correspondence concerning this matter to the following:

**KAREN WILKES**

(Name of Person)

**ALL ONE FAMILY WOODS LAKE INC**

(Name of Firm/Company)

**306 WOODS LAKE DRIVE**

(Address)

**COCOA, FLORIDA 32926**

(City/State and Zip Code)

For further information concerning this matter, please call:

**KAREN WILKES**

(Name of Person)

at ( **321** ) **208-0245**

(Area Code & Daytime Telephone Number)

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

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, KAREN WILKES, hereby resign as VP  
(Title)

of ALL ONE FAMILY WOODS LAKE INC  
(Name of Corporation)

P09000010575, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

Karen C Wilkes  
(Signature of resigning officer/director)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 FEB 14 PM 04

**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