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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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COVER LETTER

SUBJECT: Lake Worth Organics Music Cafe
(Name of Corporation)
DOCUMENT NUMBER:
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Amanda Russcol
(Name of Person)
Lake Worth Organics Music Café (Name of Firm/Company)
332 North Dixie Highway (Address)

For further information concerning this matter, please call:

Amanda Russcol at (804) 307-7647
(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

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, _	Amanda Russcol, hereby resign as Vice P	VeSiC Title)	<u>lek</u>	nt
of_	Lake Worth Organics Music (Name of Corporation)	afé	Τr	ı,C
	, a corporation organized under the laws of the (Document Number, if known)	ie State o	f	
	Florida.	SEC	09	
		AHASS	AUG I 4	<u> </u>
	O Punch	E, FLO	A# =	-ED
	(Signature of resigning officer/director)) A∏ BD	: 3	

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