PO 90000 67876

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Dr.

OCT 1 8 2012 C. MUSTARRA

COVER LETTER

SUBJECT: LUVE 14 THANS PONT INC

(Name of Corporation)

DOCUMENT NUMBER: PO900067876

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

Please return all correspondence concerning this matter to the following:

Please return all correspondence concerning this matter to the following:

Name of Person)

MARILY THE Center

(Name of Firm/Company)

1970 NW 5380 Const

(Address)

Rompino Beach Fl 53069

(City/State and Zip Gode)

For further information concerning this matter, please call:

Name of Person)

at (974) 532-4907

(Area Eode & 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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, lasgum Sott	the, hereby resi	gn as Sec	Many (Title)
of Rube 14	TN ANSPORT	we	,
(Document Number, if known)	6, a corporation organi	zed under the laws of	the State of
Florida	·		007 17 AH/38/
	21	_	AM D: 1
- 7	(Signature of resigning office	er/director)	<u></u>

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