(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

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03/01/10--01051--017 **35.00

COVER LETTER

Division of Corporations
SUBJECT: EAST LAUSER dale Corporation) DOCUMENT NUMBER: PO 9 8000 77109
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
HOWARD MANN
(Name of Person) (Name of Firm/Company)
3430 Halv Orden Due aprilog
Fort Ruderdall SL 33308
(City/State and Zip Code)
For further information concerning this matter, please call: HOW ARA MAWW at (954) 566-5185 (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

TO: Amendment Section

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, CAROLYNU STRONE, hereby resign as Wel Be	seder . Sultoz
of East Saudraule Corporation)	,
(Name of Corporation) (Document Number, if known) (Document Number, if known)	State of
HORIBA.	
(Signature of resigning officer/director)	2010 HAR -1 AM 8
FILING FEE IS \$35.00	8: 45

Make checks payable to Florida Department of State and mail to:

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