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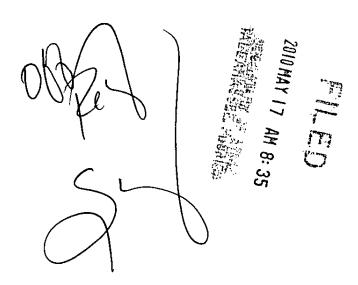
(Re	equestor's Name)	·· —
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	Office Use On	ly

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COVER LETTER

<u>..</u>

			~
SUBJECT:	Lakeland (Name	of Corporation)	es, Iue.
DOCUMENT NUMBER:	O	008736 9	
The enclosed Officer/Director	Resignation for a C	orporation and fee a	are submitted for filing
Please return all correspondence	ce concerning this n	natter to the followi	ng:
John ath an (Name o	B. Dyess f Person)		
(Name of Fir	Home Sale m/Company)	es, Inc.	
2161 E. Couns (Add	19 Pd 540, ress)	4 #251	
Lakeland, F. (City/State at	L 338/3 nd Zip Code)		
For further information concer	ning this matter, ple	ase call:	
Johnathan B. V (Name of Person	9255 at (&	363 <u>701</u> (Area Code & Daytir	. 76 00 ne Telephone Number)

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

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

CR2E044(08/05)

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Meland (Name of Corno	Home Sul	es Ine	(Title)
			of the State of
·			
	11/20		2010 MAY 17 0年最後後報 10年長年18年8日
(Signature	Mesigning Wincer/d	irector)	AY 17 AM
			M 8: 35
	a cor	a corporation organized	

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

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