

P10000048153

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

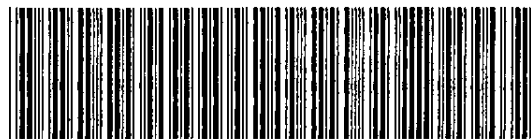
(Business Entity Name)

(Document Number)

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700198109057

*Resignation  
to officer*

03/21/11--01029--004 \*\*35.00

FILED  
2011 MAR 21 PM 4:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*DR  
3/22/11*

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ANEVOLVE CORPORATION  
(Name of Corporation)

**DOCUMENT NUMBER:** P10000048153

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

Please return all correspondence concerning this matter to the following:

LOURDES LANZ

(Name of Person)

ANEVOLVE CORPORATION

(Name of Firm/Company)

6690 HOLLANDAIRE DR W

(Address)

BOCA RATON, FL 33433

(City/State and Zip Code)

For further information concerning this matter, please call:

LOURDES LANZ

(Name of Person)

at ( 561 ) 706-5902

(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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

**FILED**

**2011 MAR 21 PM 4:03**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

I, LOURDES LANZ, hereby resign as DIRECTOR  
(Title)  
of ANEVOLVE CORPORATION  
(Name of Corporation)

P10000048153, a corporation organized under the laws of the State of  
(Document Number, if known)  
FLORIDA

*Lanz*

(Signature of resigning officer/director)

**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

*R*

*3/16/11*

