

P10000072736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

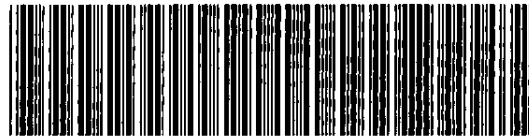
(Business Entity Name)

(Document Number)

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O/D Resign.

1-7-11

DC

COVER LETTER

TO:- Amendment Section
Division of Corporations

SUBJECT: CATHERINE'S LINEN SHOP, INC.
(Name of Corporation)

DOCUMENT NUMBER: P10000072736

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

Please return all correspondence concerning this matter to the following:

MARY KLIMIS COBURN

(Name of Person)

LAW OFFICE OF MARY KLIMIS COBURN

(Name of Firm/Company)

15 E. ORANGE STREET

(Address)

TARPON SPRINGS, FL 34689

(City/State and Zip Code)

For further information concerning this matter, please call:

MARY COBURN

(Name of Person)

at (727) 939-8488

(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**

I, MARIA KNOX, hereby resign as SECRETARY
(Title)

of CATHERINE'S LINEN SHOP INC.
(Name of Corporation)

P10000072736, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(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

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TALLAHASSEE, FLORIDA