

P/00000 84711

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

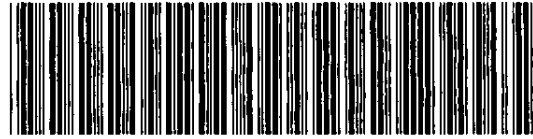
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000245321780

03/07/13--01016--013 \*\*35.00

*[Handwritten signature]*  
3/11/13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
13 MAR -7 AM 9:50

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Luncie, Inc.

(Name of Corporation)

**DOCUMENT NUMBER:** P10000084711

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

Please return all correspondence concerning this matter to the following:

**Jerome Foster**

(Name of Person)

**Emerald Endeavors, Inc.**

(Name of Firm/Company)

**81 Technology Drive, Box 14**

(Address)

**Anderson, SC 29625**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Jerome Foster**

(Name of Person)

at **864 646-5940**

(Area Code & Daytime Telephone Number)

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

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Cheryl Maise, hereby resign as Treasurer  
(Title)

of Luncie, Inc.  
(Name of Corporation)

P10000084711, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

Cheryl Maise  
(Signature of resigning officer/director)

13 MAR -7 AM 9:50  
STATE DEPT OF STATE  
TALLAHASSEE, FLORIDA

**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