P/(XXX)8630>

(Re	questor's Name)			
(Address)				
(Ad	dress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
- (Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

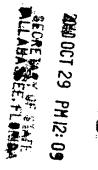
Office Use Only

1-2-10



700187077487

10/29/10--01022--023 **35.00





COVER LETTER

	ment Section n of Corporations		
SUBJECT:_ ^J	LEGGS & WINGS	, INC.	
		(Name of Corpor	ration)
DOCUMENT	NUMBER: P000	00086307	
			n and fee are submitted for filing
Please return a	Il correspondence cor	ncerning this matter to the	ne following:
TERRI D LE	GG		
	(Name of Pers	on)	•
J LEGGS &	WINGS; INC.		-
-	(Name of Firm/Co	mpany)	•
23470 FAMI			_
	(Address)		•
HILLIARD F	LORIDA 32046		
	(City/State and Zip	Code)	•
For further infe	ormation concerning	this matter, please call:	
TERRI LEGO	_	at (583-1269 e & Daytime Telephone Number)
	(Name of Person)	(Area Cod	e & Daytime Telephone Number)
Enclosed is a c	heck for \$35.00 made	e payable to the Florida	Department of State.
Street Addres Amendment Se Division of Co Clifton Buildin 2661 Executive Tallahassee, Fl	ection rporations g e Center Circle	Mailing Address: Amendment Section Division of Corporatio Post Office Box 6327 Tallahassee, FL 32314	ns 4

12

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

HAROLD L LEGG JR	, hereby resign as VP		
*)		(Title)	
of JLEGGS & WINGS, I	INC.		
·	(Name of Corporation)	······································	
P0000086307	, a corporation organized under the la	, a corporation organized under the laws of the State of	
(Document Number, if kno	wn)		
FLORIDA	·	ent so	
		SEORE I	
		29	
the s	and del lo		
<u></u>	(Signature of resigning pfficer/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