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## TRANSMITTAL LETTER

**TO:** Amendment Section Division of Corporations

SUBJECT: Lazy Acres Farms and Stables, Inc.

(Name of Corporation)

DOCUMENT NUMBER: 45-1331769

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

Please return all correspondence concerning this matter to the following:

Arleen Hyland-Geraghty

(Name of Person)

Lazy Acres Farms and Stables, Inc.

(Name of Firm/Company)

14404 North Road

(Address)

Loxahatchee, FL. 33470

(City/State and Zip Code)

For further information concerning this matter, please call:

Arleen Hyland-Geraghty at 561 451-019

(Name of Person)

(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
2661 Executive Center Circle
Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

ւ <sub>,</sub> Arleen Hyland-Ge	eraghty here	eby resign as	/ice P	resident	
,		<u> </u>		(Title)	
<sub>of</sub> Lazy Acres Farms	and Stab	les, Inc.			
(Na	me of Corporation)			,	
45-1331769	. a corporation	organized und	er the law	s of the State of	
(Document Number, if known) Florida	,			· · · · · · · · · · · · · · · · · · ·	
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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