

PH1000061056

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

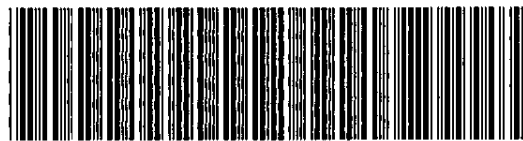
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600215003706

12/09/11--01004--029 \*\*35.00

FILED  
11 DEC -9 PM 12:21  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Officer  
Lewis  
12-9-11

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Small Claims Florida, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P11000061056

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

Please return all correspondence concerning this matter to the following:

James Leung

(Name of Person)

N/A

(Name of Firm/Company)

994 SW 159th Lane

(Address)

Pembroke Pines, FL 33027

(City/State and Zip Code)

For further information concerning this matter, please call:

James Leung

(Name of Person)

at ( 305 ) 978-1066

(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

17 DEC -9 PM 12:21

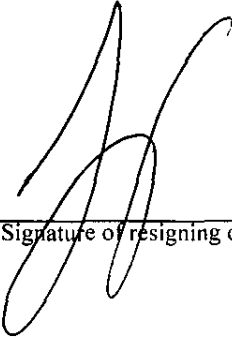
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

I, James D. Leung, hereby resign as Vice President & Treasurer  
(Title)

of Small Claims Florida, Inc.  
(Name of Corporation)

P11000061056, 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