

P12000060138

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

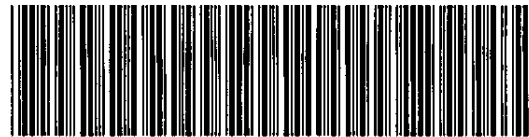
(Business Entity Name)

(Document Number)

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APPROVED  
AND  
FILED  
14 APR 16 PM 12:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS  
APR 17 2014  
EXAMINER

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Logans Moving  
(Name of Corporation)

**DOCUMENT NUMBER:** P12000060138

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

Please return all correspondence concerning this matter to the following:

Sharron Frost  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

450 N. Clay Ave Apt 402  
(Address)

Lady Lake, FL 32159  
(City/State and Zip Code)

For further information concerning this matter, please call:

Sharron Frost at (407) 617-1734  
(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**

APPROVED  
AND  
FILED

14 APR 16 PM 12:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, Sharron Frost, hereby resign as Director officer  
(Title)

of Logans Moving Inc.  
(Name of Corporation)

P12000060138, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

Sharron Frost

(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