## P13000051-116

(Re	equestor's Name)	···
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
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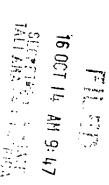
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## TRANSMITTAL LETTER

SUBJECT: LI' Explorers Presenced Inc.

(Name of Corporation)

DOCUMENT NUMBER: P/30005/7/6

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

Please return all correspondence concerning this matter to the following:

Vashira Williams
(Name of Person)

LI' Explorers Preschool Inc.
(Name of Firm/Company)

ADA Wiscosin Aug.
(Address)

St. Claud Fl. 34769
(City/State and Zip Code)

For further information concerning this matter, please call:

UCShira Williams at HO, 892045
(Name of Person)

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

Amendment Section

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

i, Carmen 4. Pat	Yick, hereby resign as Pipsidon+
of /il' Exployers	Dreschool Inc.
0 (Document Number, if known)	, a corporation organized under the laws of the State of
Alonda,	

Carner & Patrick
(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