(Requestor's Name)	-
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(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
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Certified Copies : Certificates of Status	-
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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Lo Los Blind Factory, Inc.  (Name of Corporation)  DOCUMENT NUMBER: P9400000 3821
DOCUMENT NUMBER: 1 740000 3827
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
DOMENICK FALCONETTI (Name of Person)
LoLo'S BliNDS FACTORY INC (Name of Firm/Company)
6796 ERICA LANE (Address)
SARASOM FL 34241
(City/State and Zip Code)
For further information concerning this matter, please call: (941)
For further information concerning this matter, please call:    Domewick Falcoweth   at (941)   923-6789 @ R 941-266 1770     (Name of Person)   (Area Code & Daytime Telephone Number)    Enclosed is a check for \$35.00 made payable to the Florida Department of State.
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

		(Title)		
of LoLos Blind FAC			······································	
P 940000 3821 ,a cor (Document Number, if known)	rporation organized und	er the laws of the State of	î	
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