

P95000004637

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

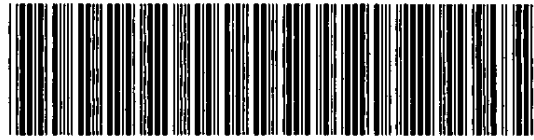
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AUG 19 2008
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TRI-County Cycle, INC
(Name of Corporation)

DOCUMENT NUMBER: P 95000004637

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

Please return all correspondence concerning this matter to the following:

SHANE JONES
(Name of Person)

TRI-County Cycle, INC
(Name of Firm/Company)

1007 S. 14th St
(Address)

LEESBURG, FL 34748
(City/State and Zip Code)

For further information concerning this matter, please call:

SHANE JONES at (352) 617-7156
(Name of Person) (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

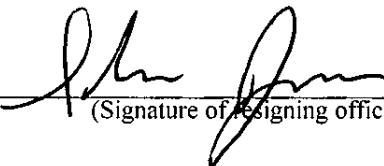
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, SHANE JONES, hereby resign as SECRETARY
(Title)

of TRI-COUNTY CYCLE, INC
(Name of Corporation)

P 95000004637, 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

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