

P95000040402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NEW LIFE BEDDING, INC
(Name of Corporation)

DOCUMENT NUMBER: P95000040402

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

Please return all correspondence concerning this matter to the following:

MAURICE A THORNE

(Name of Person)

NEW LIFE BEDDING, INC

(Name of Firm/Company)

7114 N 30TH ST

(Address)

TAMPA, FL 33610

(City/State and Zip Code)

For further information concerning this matter, please call:

MAURICE A THORNE at (813) 238-8137
(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
409 E. Gaines Street
Tallahassee, FL 32399

RECEIVED
04 JAN 27 PM 6:07
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, SAMUEL TAVAREZ, hereby resign as SECRETARY
(Title)

of NEW LIFE BEDDING, INC.
(Name of Corporation)

P95000040402, 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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