(Re	equestor's Name)	
(Ac	ldress)	=
(Ac	ldress)	
(Ci	ty/State/Zip/Phone #	()
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name	e)
(Do	ocument Number)	<u>-</u>
Certified Copies	_ Certificates of	of Status
Special Instructions to	Filing Officer:	
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DORCS MAR 21 2013

R. WHITE

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations Four Leaf Clover, Inc. (Name of Corporation) DOCUMENT NUMBER: <u>P9</u>5000055132 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Alan Anderson (Name of Person) (Name of Firm/Company) 177 Bob Penland Rd. (Address) Havesville, NC 28904 (City/State and Zip Code) For further information concerning this matter, please call: Alan Anderson (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

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassec, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

ι, Alan H. Anderson	, hereby resign as Secretary/Director
	(Title)
of Four Leaf Clover, Inc.	
(Name of Co. P95000055132 (Document Number, if known)	orporation) corporation organized under the laws of the State of
Florida	
	Fig. 23
(Signal	ture of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314