

P96000028777

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

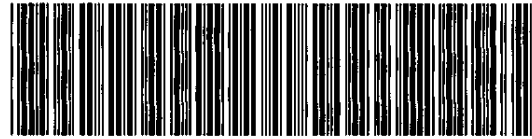
(Business Entity Name)

(Document Number)

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Resignation
officer

08/31/10--01031--002 **35.00

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2010 AUG 31 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Doc
9/1/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: L.P.I. CONSUMER PRODUCTS, INC.
(Name of Corporation)

DOCUMENT NUMBER: P96000028777

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

Please return all correspondence concerning this matter to the following:

JAMES MULLIN

(Name of Person)

(Name of Firm/Company)

135 BAREFOOT COVE

(Address)

HYPOLUXO, FL 33462

(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES MULLIN

(Name of Person)

at (561) 819-0891

(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**

FILED

2010 AUG 31 PM 1:59


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, JAMES MULLIN, hereby resign as DIRECTOR
(Title)

of L.P.I. CONSUMER PRODUCTS, INC.
(Name of Corporation)

P96000028777, 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