

P96000055039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

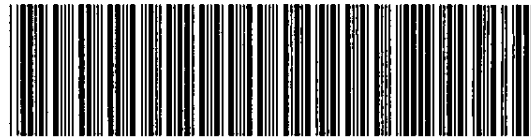
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

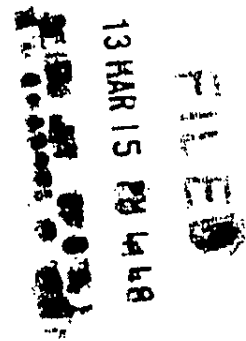
Special Instructions to Filing Officer:

Office Use Only



500245564955

03/15/13--01032--011 \*\*122.50



O/D  
Resign.  
3/21/13

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Central Florida RV a division of ARS RV Service, Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** P96 0000 55039

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

Please return all correspondence concerning this matter to the following:

**Ken Strickland**

(Name of Person)

Central Florida RV a division of ARS RV Service, Inc

(Name of Firm/Company)

**2613 N. Orange Blossom Trl.**

(Address)

**Kissimmee, FL 34744**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Ken Strickland**

(Name of Person)

at ( **407** ) **846-4916**

(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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Leonna Lawson, hereby resign as DIRECTOR (Title)

of ARS R.V. Service, Inc.  
(Name of Corporation)

P96 000055039, 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

**FILED**  
**13 MAR 15 PM 4 48**