## P9900006525

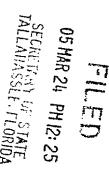
	•
(Requestor's Name)	_
(Address)	
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	—
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Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	
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Office Use Only

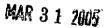


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## TRANSMITTAL LETTER

SUBJECT: TLC LEXENING CENTER OF ANTHONY, INC. (Name of Corporation)
DOCUMENT NUMBER: P9900006525
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Virginia dela torriente. (Name of Person)
(Name of Firm/Company)
7232 SW 123 Place
Mul FL 33/83 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**TO:** Amendment Section Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, VirginiA dela TOP	Private, hereby resign as UP + Secratery (Title)
of 160 CARNING	me of Corporation)
P990000 6525 (Document Number, if known)	, a corporation organized under the laws of the State of
Florida	·

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

SECRETARY OF STATE