

P99000007527

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

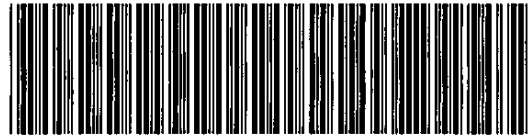
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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offresign

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SWOPE LAMBERSON + CHARBONNEAU PLANNING
(Name of Corporation) GROUP, INC.

DOCUMENT NUMBER: P99000007527

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

Please return all correspondence concerning this matter to the following:

JANE E. LAMBERSON
(Name of Person)

SWOPE, LAMBERSON + CHARBONNEAU, PA
(Name of Firm/Company)

8955 FONTANA DEL SOL WAY
(Address)

NAPLES, FL 34109
(City/State and Zip Code)

For further information concerning this matter, please call:

JANE E. LAMBERSON at (239) 262-0170
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

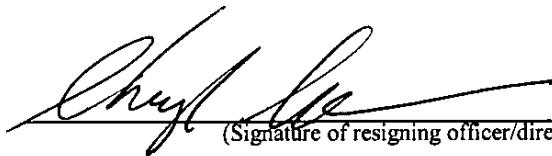
Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, CHERYL CHARBONNEAU, hereby resign as DIRECTOR, VICE PRESIDENT
(Title)
TREASURER
of SWOPE, LANBETSON & CHARBONNEAU PLANNING GROUP, INC
(Name of Corporation)

P99000007527, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA


(Signature of resigning officer/director)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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