

P99000011301

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

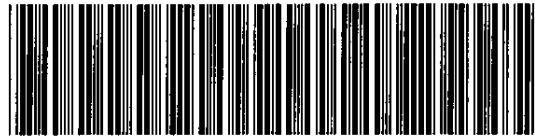
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600075276946

06/05/06--01019--014 **35.00

Off/Dir Resp

T. Roberts JUN 09 2006

FILED
06 JUN -5 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LINDA LU INC.
(Name of Corporation)

DOCUMENT NUMBER: P99000011301

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

Please return all correspondence concerning this matter to the following:

LINDA LUETJEN
(Name of Person)

LINDA LU INC
(Name of Firm/Company)

8510 SW 1st PLACE
(Address)

GAINESVILLE, FL 32607
(City/State and Zip Code)

For further information concerning this matter, please call:

LINDA LUETJEN at (352) 332-8841
(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**

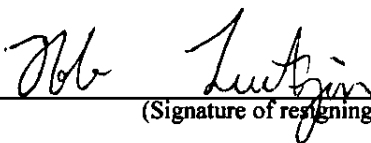
FILED
06 JUN -5 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, ROB LUETJEN, hereby resign as ST
(Title)

of LINDA LU, INC.
(Name of Corporation)

P99000011301, 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