 		
· •	0990000	77922
A A 1 - 2 *		~ / / & ~ ~
· J Robert a.	Mactarlane	
Requester's Name		
I stell fl	5	
Address (7	
Jorken, N	14/0701	
// City/State/Zip	Phone #	400004162534n
V	·	-05/08/0101092001 *****35.00 *****35.80
		Office Use Only
CORPORATION NAME(S)	& DOCUMENT NUMBER(S),	(if known):
1(Corporation Name) (Document #)	
(corporation)	,	
2(Corporation Name		
(Corporation Name) (Document #)	
· • •		
Corporation Name	(Document #)	
4. (Corporation Name) (Document #)	
☐ Walk in ☐ Pick v	p time	Certified Copy
☐ Mail out ☐ Will w	vait Photocopy	☐ Certificate of Status
NEW FILINGS	<u>AMENDMENTS</u>	• ••
☐ Profit	☐ Amendment	The second secon
Not for Profit		f R.A. Officer/Director
Limited Liability Domestication	Change of Reg Dissolution/W	gistered Agent
Other	Merger	
		ARETA NAY
OTHER FILINGS	REGISTRATION	VQUALIFICATION:
Annual Report	Foreign	
☐ Fictitious Name	Limited Partne	ership S G
	Reinstatement	t
	☐ Trademark☐ Other	
		An Alth
		Evaminer's Initials / 1/5 / 14

CR2E031(7/97)

OFFICER / DIRECTOR RESIGNATION

I, David Harwell , hereby resign as Director (Title)	
of LEHH, Tric (Name of Corporation)	
a corporation organized under the laws of the State of Florida	<u>.</u> . <u>-</u>
and affirm that the corporation has been notified in writing of the resignation.	
	- resp

OT NAY -8 AM 9: 47
SECRETARY OF STATE
AHASSEE, FLORIBA

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314