

P990000037888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

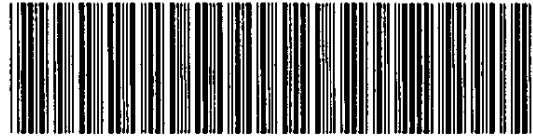
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LOUDEN CONSULTING, INC.
(Name of Corporation)

DOCUMENT NUMBER: P99000037888

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

Please return all correspondence concerning this matter to the following:

JOE ARERREH

(Name of Person)

LOUDEN CONSULTING, INC.

(Name of Firm/Company)

PO BOX 370337

(Address)

MIAMI, FL 33137

(City/State and Zip Code)

For further information concerning this matter, please call:

JOE ARERREH

(Name of Person)

at (**954**) **263-8211**

(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
2661 Executive Center Circle
Tallahassee, FL 32301

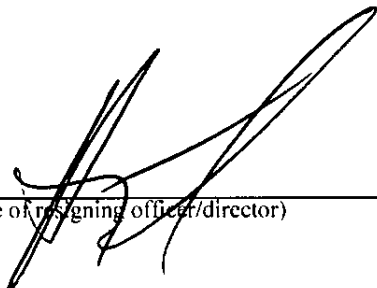
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, HENRY T. LOUDEN, hereby resign as PRESIDENT/DIRECTOR/SECRETARY
(Title)

of LOUDEN CONSULTING, INC.
(Name of Corporation)

P99000037888, 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

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DIVISION OF CORPORATIONS
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