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(Address)						
(Ac	ldress)					
(City/State/Zip/Phone #)						
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COVER LETTER

•
SUBJECT: TAYLOR LANE INC. (Name of Corporation)
DOCUMENT NUMBER: <u>\$\int 99 \@@@ 54177</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
TRACEE PETERS - CTAULT (Name of Person)
(Name of Firm/Company)
729 11 ⁴ Ave S (Address)
(Address)
JACKSONVILLE BEACH FL 32250 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (904) 249-2998 (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

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, TRACEE PE	TERS-GAULT	, hereby resign as_	DIRECTO	(Title)
				()
of TAYLOR	LANE /NC. (Name of Corpor			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(Name of Corpor	ration)		
P99 ØØØE	8 54/77 , a corpoer, if known)	poration organized un	der the laws o	f the State of
(Document Num	per, if known)	·		
FLORIDA	·			
				P 22 8
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	Tracce !	Puters - Car	H	OS AUG 14 SECWETARS TALLAHASS
_		of resigning officer/direc		The P
				FS es
				PH 3: 46 SEE, FLORITE
				P

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