

P99000071523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

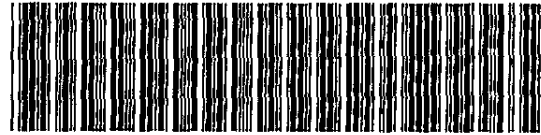
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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(10) 9.23.05

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Livingston Financial Management, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P99000071523

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

Please return all correspondence concerning this matter to the following:

Martha C. Livingston

(Name of Person)

Livingston Financial Management, Inc.

(Name of Firm/Company)

67 Players Club Villas

(Address)

Ponte Vedra Beach, FL 32082-3117

(City/State and Zip Code)

For further information concerning this matter, please call:

Arthur O. Livingston

(Name of Person)

at ( 904 ) 273-2166

(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, Martha C. Livingston, hereby resign as Vice-President and Treasurer  
(Title)

of Livingston Financial Management, Inc.  
(Name of Corporation)

P99000071523, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

*Martha C. Livingston*  
(Signature of resigning officer/director)

FILED  
05 SEP 16 AM 10:00  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**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