P99000095845

•
(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



500020570035

06/20/03--01054--009 **35.00

MILWASSE, STAR

L. St Resign Theirs 4/24/03

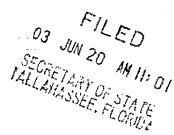
TRANSMITTAL LETTER

Division of Corporations
SUBJECT: Central Florida ReFuse Inc (Name of Corporation)
DOCUMENT NUMBER: P99 0000 95 845
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
John O'Dune 1/ (Name of Person)
Lentrus Florida Refuse Inc.
(Name of Firm/Company)
825 Suishing Lane (Address)
Altamante Springs, PC 32714 (City/State and Zip Code)
For further information concerning this matter, please call:
Tohn () Denot 11 at (407) 862-6445 (Name of Person) at (407) 862-6445 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

Amendment Section

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



I, <u>R</u> o	bert Raines	Ţŗ	·-	_, hereby resign as_	Chier	Flognical (Title)	OF
of	Centrul	florida (Nas	Refuse, me of Corpora	In c		-	
	©00095		a corp	oration organized un	der the laws	of the State o	f
Flor	ida						
			(Signature o	f resigning officer/direct	(18)	1/13	

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