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DIVISION OF CORPORATIONS

ON MAY -5 AM 10: 54

Office Use Only

Examiner's Initials

	Office Use Only		
CORPORATION NAME(S) & DOCUM	MENT NUMBER(S), (if known): 5000032404357		
	-05/05/0001031001 ****105.00 *****35.00		
1. (Corporation Name)	(Document #)		
2. (Corporation Name)	(Document #)		
3.			
(Corporation Name)	(Document #)		
4. (Corporation Name)	(Document #)		
. Walk in Pick up time _	Certified Copy		
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NEW FILINGS	AMENDMENTS		
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger		
OTHER FILINGS	REGISTRATION/QUALIFICATION		
☐ Annual Report ☐ Fictitious Name	□ Foreign □ Limited Partnership		



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

OFFICER / DIRECTOR RESIGNATION

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I,JAMES M. KING	, hereby resign as DIRECTOR
	(Title)
of ARBOR LAKES DEVELOPMENT CORP.	
(Name of Corpo	oration)
a corporation organized under the laws of the State of	FLORIDA
and affirm that the corporation has been notified in wr	iting of the resignation.
- Carlotte Contraction of the Co	signing officer/director)

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