

564728

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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(Business Entity Name)

(Document Number)

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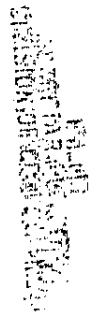
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DD/RES
@ 10/16/12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Officer Resignation - 1425 Tuskawilla Road Inc
(Name of Corporation)

DOCUMENT NUMBER: 1425 Tuskawilla Road Inc - 566728

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

Please return all correspondence concerning this matter to the following:

Karolyn devaney-Lovelace

(Name of Person)

1425 Tuskawilla Road Inc

(Name of Firm/Company)

5665 Red Bug Lake Road

(Address)

Winter Springs, FL 32708

(City/State and Zip Code)

For further information concerning this matter, please call:

Karolyn Lovelace

(Name of Person)

at (407) 699-5524

(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

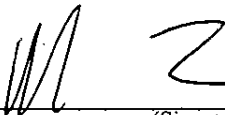
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Michael Lovelace, hereby resign as Vice President
(Title)

of 1425 Tuskawilla Road Inc.
(Name of Corporation)

S66728, 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

12 OCT 15 PM 2:00

RECEIVED
DIVISION OF CORPORATIONS
STATE OF FLORIDA