

896296

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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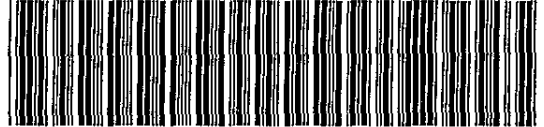
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LLoyD PARSONS ENTERPRISES, INC
(Name of Corporation)

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

LLoyD PARSONS
(Name of Person)

LLoyD PARSONS ENT., INC
(Name of Firm/Company)

895 MORRISON AVENUE
(Address)

ENGLEWOOD, FL 34223
(City/State and Zip Code)

For further information concerning this matter, please call:

LLoyD PARSONS at (941) 474-7236
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

→ **Mailing Address:**
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

I, MEARL Burge, hereby resign as VICE PRESIDENT
(Title)

of Lloyd PARSONS Enterprises, INCORPORATED,
(Name of Corporation)

596296, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Mearl Burge
(Signature of resigning officer/director)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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