163123

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(Requestor's Name)		
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(Address)		
(City/State/Zip/Phone #)		
. , , ,		
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(Business Entity Name)		
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O(D Res.

COVER LETTER

TO: Amendment Section Division of Corporations	7/27/2007
SUBJECT: LANDON & ASSOCIATION (Name of Control of Contr	poration)
DOCUMENT NUMBER: V63123	,
The enclosed Officer/Director Resignation for a Corpora	tion and fee are submitted for filing.
Please return all correspondence concerning this matter t	o the following:
Name of Person) (Name of Person) (Name of Firm/Company)	<u> </u>
4401 N. FESERAL HIGHWAY, SULT (Address)	<u>E</u> 202
Roca Ratow FZ 33431 (City/State and Zip Code)	
For further information concerning this matter, please ca	II:
Tim LANSON at (56) (Name of Person) (Area)	Oode & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Flor	da 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

FILED

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

07 JUL 30 PM 12: 57

SECRETARY OF STATE TALLAHASSEE, FLORIDA

MICHAEL J.	ST. JOHN hereby resign as DIRECTOR
	(Title)
LANDONE	ASSOCIATES, P. A.
(N	ame of Corporation)
V6 312 3 (Document Number, if known)	, a corporation organized under the laws of the State of
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