656100

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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off. Resign.

JBROWN 9-6-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Law Enforcement Psychological + Counseling Associates, Inc.
(Name of Corporation)

DOCUMENT NUMBER: 656100

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

Please return all correspondence concerning this matter to the following:

Dr. Brian Mangan
(Name of Person)

LEPCA
(Name of Firm/Company)

7925 NW 12TH St., Suite 301.
(Address)

Miami, FL 33126
(City/State and Zip Code)

For further information concerning this matter, please call:

Dr. Brian Mangan at (305) 442-8800 x104
(Name of Person) (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, Mark Axelberd, hereby resign as President, Treasurer, Director
(Title)

of Law Enforcement Psychological and Counseling Associats, Inc.
(Name of Corporation)

656100, a corporation organized under the laws of the State of
(Document Number, if known)

Florida.

X _____
(Signature of resigning officer/director)

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TALLAHASSEE, FLORIDA

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