

P04000/32802

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

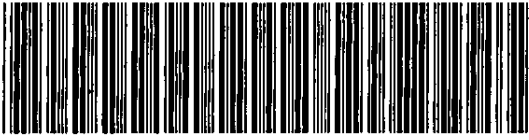
(Business Entity Name)

(Document Number)

Certified Copies Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



800096455348

Off Receipt

04/12/07--01026--011 **52.50

2007 APR 12 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lippman, Horween & Associates, P.A.

(Name of Corporation)

DOCUMENT NUMBER: P04000132802

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Mark R. Lippman, Esq.

(Name of Person)

Lippman, Horween & Associates, P.A.

(Name of Firm/Company)

638 Broadway Avenue

(Address)

Orlando, Florida 32803

(City/State and Zip Code)

For further information concerning this matter, please call:

Mark Lippman at (407) 648-4213

(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**

FILED

2007 APR 12 PM 2:03

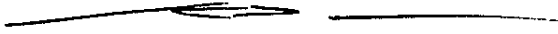
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Kendall L. Horween, Esq., hereby resign as Director
(Title)

of Lippman, Horween and Associates, P.A.
(Name of Corporation)

P04000132802, 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