

P96000023312

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

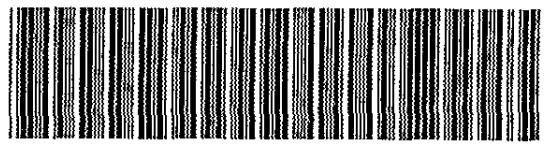
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

officer Resignation

T BROWN JUN - 6 2003

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LSC Insurance Agency II Inc.
(Name of Corporation)

DOCUMENT NUMBER: p96000023312

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

Please return all correspondence concerning this matter to the following:

BARBARA E. COLLINS
(Name of Person)

LSC Insurance Agency II, Inc.
(Name of Firm/Company)

7600 W. 20 Ave #214
(Address)

H. ALGAM FL. 33016
(City/State and Zip Code)

For further information concerning this matter, please call:

BARBARA E. COLLINS at (305) 428-5402
(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**

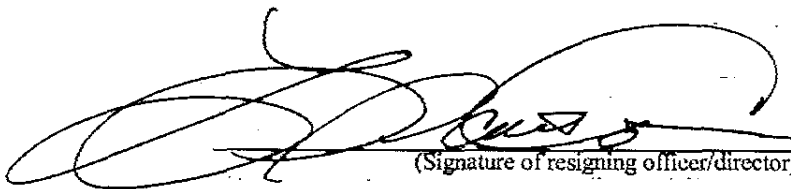
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, LAWRENCE SCOTT COLLINS, hereby resign as PRESIDENT
(Title)

of LSC INSURANCE AGENCY II, Inc.
(Name of Corporation)

796000023312, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director) 5/20/03

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