P9800097928

(Requestor's Name)
(Address)
•
(Address)
(riduress)
(City/State/Zip/Phone #)
PICK-UP WAIT. MAIL
(Business Entity Name)
(additional Principles)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300198931943

03/29/11--01002--017 **35.00



030/1/

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT:	LAM ACCOUNTING SERVICES CORP
	(Name of Corporation)
DOCUMENT NUMBER:_	P98000097928
The enclosed Officer/Directo	or Resignation for a Corporation and fee are submitted for filing
Please return all corresponde	nce concerning this matter to the following:
NATH.	ALIA NARINO
(Name	of Person)
LAM ACCOUNTIN	G SERVICES CORP
(Name of F	Cirm/Company)
17411 N	W 8th Street
(Ac	idress)
Pembroke	Pines, FL. 33029
(City/State	and Zip Code)
For further information conc	erning this matter, please call:
NATHALIA NARINO	at (786) 543-6018 (Area Code & Daytime Telephone Number)
(Name of Pers	on) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.0	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.	ANDREA K NARINO	, hereby resign as VPD OFFICER	
-'' —		(Title)	
of_	LAM ACCOUNTING SERVICES CORP		
	(Name of Corporation)		
	P98000097928	, a corporation organized under the laws of the State of	
	(Document Number, if known)	•	
	FLORIDA		

Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314