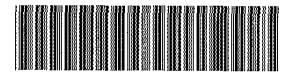
K78970

(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:		

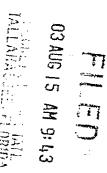
Office Use Only

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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: LEFFREY W. PEARCE, INC. (Name of Corporation)
DOCUMENT NUMBER: K 78970
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
LEFFREY PEARCE (Name of Person)
LEFFREY W. Pearce, Inc. (Name of Firm/Company)
6421 S. Mitchell Mandor Cir (Address)
MIAHI P 33156 - 4878 (City/State and Zip Code)
For further information concerning this matter, please call:
LEFFREY PEARCE at (305) 665 1309 (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

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, DONNA PERRE	hereby resign as	Secretary (Title)
of JEFFREY W. T	PARCE THE, Vame of Corporation)	· · · ·
K 78970 (Document Number, if known)	, a corporation organized und	er the laws of the State of
Florida		w ·
	Doma Ben	
	(Signature of resigning officer/director	D3 AUG
		5 7
	FILING FEE IS \$35.00	AM 9: 43

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

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