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TO:	Amendment Section Division of Corporations
SUBJ	ECT: KURLAND & KURLAND, P.A.
	(Name of Corporation)
DOC	UMENT NUMBER: 674060
The e	nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please	e return all correspondence concerning this matter to the following:
JAC	QUELINE I. KURLAND
	(Name of Person)
KUF	RLAND AND KURLAND, P.A.
	(Name of Firm/Company)
110	11 SHERIDAN STREET, SUITE 312
	(Address)
COC	OPER CITY, FL 33026
	(City/State and Zip Code)
For fu	orther information concerning this matter, please call:
JAC	QUELINE I. KURLAND at (954) 436-6080 (Name of Person) (Area Code & Daytime Telephone Number)
-	(Name of Person) (Area Code & Daytime Telephone Number)
Enclo	sed is a check for \$35.00 made payable to the Florida Department of State.
Amen Divisi Clifto 2661	Mailing Address: Idment Section Ion of Corporations In Building Executive Center Circle Inassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

SHELDON C. KURLAND	, hereby resign as	SECRETARY		
",	, , , , , , , , , , , , , , , , , , , ,	(Title)		
of KURLAND & KURLAND, P.A.	,			
(Name of Corporation)				
(Document Number, if known)	_, a corporation organized unde	oration organized under the laws of the State of		
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