

NO30000006910

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

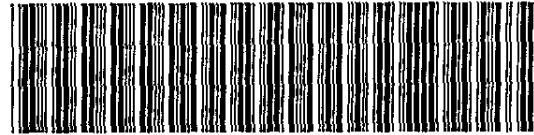
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

officer Resignation

† BROWN NOV - 8 2004

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DEVELOPMENT ASSISTANCE CORPORATION
(Name of Corporation)

DOCUMENT NUMBER: N03000006910

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

Please return all correspondence concerning this matter to the following:

ROBERT L LEVELS
(Name of Person)

(Name of Firm/Company)

12955 SW 116 ST
(Address)

MIAMI, FL 33186
(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT LEVELS
ELISA LEVELS at (305) 387-9783
(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**

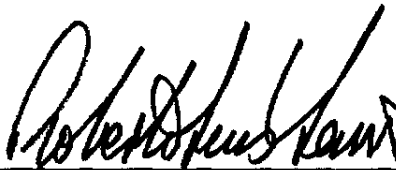
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04 NOV -1 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, ROBERT L LEVLS, hereby resign as DIRECTOR
(Title)

of DEVELOPMENT ASSISTANCE CORPORATION,
(Name of Corporation)

N03 000006910, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.



(Signature of resigning officer/director)

10-24-04

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