

**NO3000006910**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

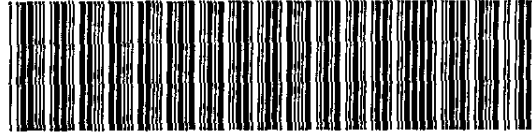
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(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: NO3000006910

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

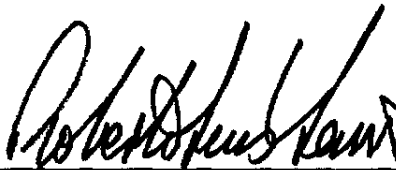
FILED  
04 NOV -1 PM 1:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, ROBERT L LEVELS, 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