

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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(Business Entity Name)		
(Document Number)		
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## TRANSMITTAL LETTER.

**TO:** Amendment Section Division of Corporations

SUBJECT: Resigning from LAM ADAPTIVE	
(Name of Corporation)	
DOCUMENT NUMBER: N14000009011	
The enclosed Officer/Director Resignation for a Corporation and fee are submitted	for filing
Please return all correspondence concerning this matter to the following:	
April Dietz	
(Name of Person)	
(Name of Firm/Company)	
550 SE Brookside Terrace	
(Address)	
Port Saint Lucie, FL 34983	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Ellyse Trethric at (772 3214065 (Name of Person) (Area Code & Daytime Telephone N	
(Name of Person) (Area Code & Daytime Telephone N	umber)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

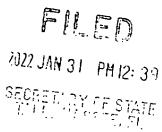
## Mailing Address:

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

#### Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

# OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



April Dietz I.	Treasurer hereby resign as
	(Title)
ofIAM ADAPTIVE, INC.	
(Nar	ne of Corporation)
(Document Number, if known)	, a corporation organized under the laws of the State of
Florida	
	Occusigned by:  April Dicta 9A2251606230404
<del></del>	(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