

(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
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COVER LETTER

TO:	Amendment Section Division of Corporations				
	Resignation Of RA Ellyse Trethric				
SUBJECT:(Name of Corporation) N14000009011 DOCUMENT NUMBER:					
	e return all correspondence concernin Trethric	g this matter to	the following:		
	(Name of Person)		_		
_	(Name of Firm/Company)				
286 NI	EGranduer Ave				
	(Address)				
Port Sa	sint Lucie, FL 34983				
	(City/State and Zip Code)		_		
For fu	irther information concerning this ma	tter, please call:			
Ellyse	Trethric	772	3214065		
	(Name of Person)	at () le & Daytime Telephone Number)		

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or wither awn corporation.

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

FILED

RESIGNATION OF REGISTERED AGENT JAN 31 PH 12: 41 FOR A CORPORATION SECRETARY

•	is 607.0503(2), 617.0502(2), 607.1509, or 617.1509,		
Florida Statutes, the undersigned,	Hyse Trethric		
	(Name of Registered Agent)		
	LAM ADAPTIVE INC		
hereby resigns as Registered Agent f	or		
, , , ,	(Name of Corporation)		
N14000009013			
(Document Number, if known)			
A copy of this resignation was maile	ed to the above listed corporation at its last known address.		
The agency is terminated and the off this statement is filed.	fice discontinued on the 31st day after the date on which		
	(Signature of Resigning Agent)		
If signing on behalf of an entity:			
	(Typed or Printed Name)		

Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

(Capacity)