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i
SUBJECT: DISCOUNT SETTLEMENT SOLUTIONS, INC. (Name of Corporation)
DOCUMENT NUMBER: <u>PO 1000 11 9 336</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
DAVID LAURA (Name of Person) DISCOUNT

DISTRIBLE SETTLEMENT SOLUTIONS, TAK. (Name of Firm/Company)
18609 SHADY HIUS RD (Address)
SPRING HILL, FL 34610 (City/State and Zip Code)
For further information concerning this matter, please call:
DAVID LAURA at (727) 863-8344 (Name of Person) (Area Code & Daytime Telephone Number)
(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:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, <i>D</i>	AVI D	LAURA		, hereby	resign as	PRESI	DENT		
							(Tiue)		
of <i>[</i>	i S COUA	UT SETTE	EMENT (Name (Solution)	ons, In	vc			,
Porc	OOII Cocument Nu	7.336 mber, if known)	, a corp	poration organ	nized under t	he laws o	of the St	ate of	
Flor	RIDA		·			AC.	P		,
		Dal	(Signan	ure of resigning	officer/director)	TALLA	03 0	and the same of th
							HASSEE.	0CT 30 P	
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Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

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