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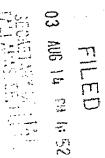
(Requestor's Name)				
(Address)				
(Address)				
(10.00)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Codified Cavina Catificates at Otales				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use Only



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Off Resign 1/8/03

TRANSMITTAL LETTER

SUBJECT:	American L	egal Corporat	ion		
(Name of Corporation)					
DOCUMENT NUMBER	: P020	000030	301		
The enclosed Officer/Direct	tor Resignation for	a Corporation	and fee are submi	tted for filing.	
Please return all correspon	dence concerning th	is matter to the	following:		
Michele C	Λ			-11-41	
American Name o	/ 0.5011)	-	tion		
2117 Univer			•		
(Address			•	
Jackson VI ! ld	te and Zip Code)	la 32	216		
For further information cor	cerning this matter,	, please call:			
Michele Cud	entero a	it (904).	344-25	80 × 10	
(Name of Pe	rson)	(Area Code	& Daytime Telepho	one Number)	

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

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

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

OS AUG 14 PM 4:52

L	Dariene Granam	<u>h</u> ereby resign as_	Vice President		
-			(Title)		
of	American Legal	Corporation			
~	(Name of Corporation)				
	(Document Number, if known)	a corporation organized und	der the laws of the State of		
	Florida .	. =	= **		
		_			

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