(Re	questor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
<u> </u>	Office Use Only	,,0



400030392174

03/15/04--01083--014 \*\*35.00

## TRANSMITTAL LETTER

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

TO:

Amendment Section Division of Corporations

> Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, LISA A. Durchslag hereby resign as STO (Title)		•	<u>.</u>	ر مدر بقوری
or LAD Investments Inc	242 .		<b>1</b> 4	*
(Name of Corporation)  PO200093069	ate of			
Ployida	<u>.</u>		13	2- <b>33</b>
	ALLAHA!	OL HAR		
Lux A. Durchslag	SSEE,	15 MIO:		
(Signature of resigning officer/director)	STATE FLORID/	©: <b>12</b>	U	

## 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