

PO 20000097731

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

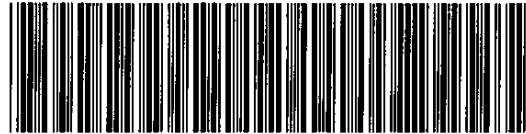
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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AND  
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*Resegni*

G. Coulllette OCT 16 2007

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LOCKWOOD, LEHRMAN AND KAPIT, P.A.  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** P02000097731  
\_\_\_\_\_

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LEE D. GLASSMAN, ESQUIRE  
\_\_\_\_\_

(Name of Person)

LAW FIRM OF LEE D. GLASSMAN, P.A.  
\_\_\_\_\_

(Name of Firm/Company)

8000 PETERS ROAD, SUITE A-200  
\_\_\_\_\_

(Address)

PLANTATION, FLORIDA 33324  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

LEE D. GLASSMAN, ESQUIRE at ( 954 ) 915-8800  
\_\_\_\_\_

(Name of Person)

(Area Code & Daytime Telephone Number)

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

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**

Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

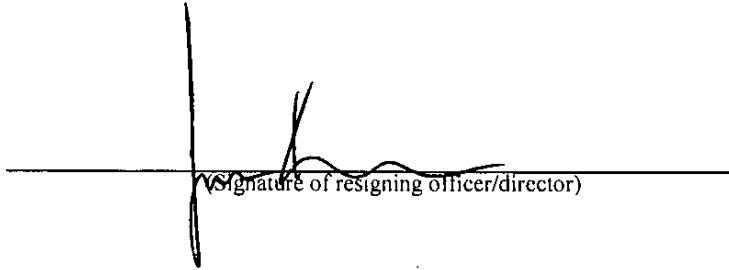
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, JASON KAPIT, hereby resign as DIRECTOR  
(Title)

of LOCKWOOD, LEHRMAN AND KAPIT, P.A.  
(Name of Corporation)

P02000097731, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(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

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