

PO 20000097731

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

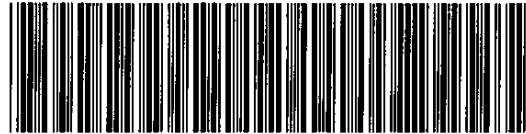
(Business Entity Name)

(Document Number)

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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

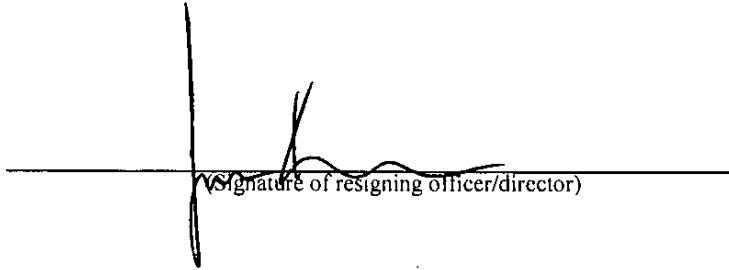
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

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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