

P03000158323

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

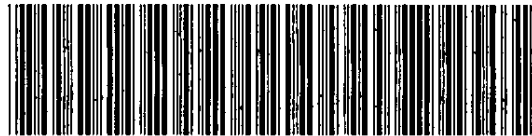
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

O/D Resign.

7/2/08

De

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** 3001 AD Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** ~~325793~~ P03000158323

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

Please return all correspondence concerning this matter to the following:

Robert Ladrach  
(Name of Person)

3020 Indian Trail  
(Name of Firm/Company)  
(Address)

Lake Worth, FL 33462  
(City/State and Zip Code)

For further information concerning this matter, please call:

Bob at (561) 662-1045  
(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, Robert Ladrach, hereby resign as V (Title)  
of 3001 AD, Inc. (3001 AD, Inc.) (Name of Corporation)  
~~305793~~ 303000158323 (Document Number, if known), a corporation organized under the laws of the State of  
Florida.

  
(Signature of resigning officer/director)

**FILED**  
08 JUL - 1 AM 8:54  
SECRETARY OF STATE  
TALLAHASSEE, 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