

PO4000X12943

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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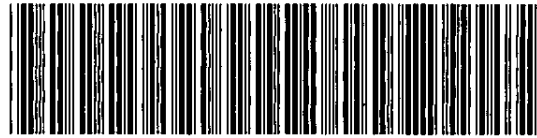
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** D.L.R.S., INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P04000042943

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

Please return all correspondence concerning this matter to the following:

DEBRA STROSS

(Name of Person)

D.L.R.S., INC

(Name of Firm/Company)

429 SW MONROE DRIVE

(Address)

PORT ST LUCIE, FL 34986

(City/State and Zip Code)

For further information concerning this matter, please call:

LINDA RHODIG

(Name of Person)

at ( 772 ) 828-0466

(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

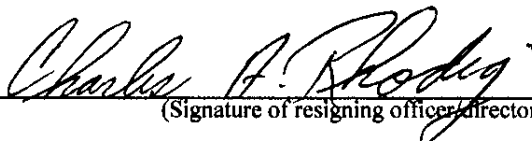
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, CHARLES A. RHODIG, hereby resign as VP/TREASURER  
(Title)

of D.L.R.S., INC  
(Name of Corporation)

P04000042943, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA.

  
(Signature of resigning officer/director)

2008 APR 25 PM 12:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**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