## P0400056098

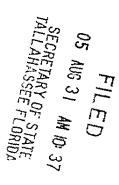
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## TRANSMITTAL LETTER

SUBJECT: L. V. DIRECT WHOLE SELLERS INC (Name of Corporation)	
DOCUMENT NUMBER: P 0 4 0 0 0 0 5 6 0 9 8	·
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
PAUL A. WILLMAN CPM (Name of Person)	::
PAUL A. MILLMAN PA CPA (Name of Firm/Company)	g see to
3300 UNIVERJITY OR # 305 (Address)	, , , •
CORAL SPANGS FL 33065 (City/State and Zip Code)	
For further information concerning this matter, please call:	

954) 345 5778 (Area Code & Daytime Telephone Number)

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

Amendment Section Division of Corporations

TO:

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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, _	EDWA	+12 D	LENZA	hereby resign as	PRESID	ENT		
					(°	Title)		
of_	LV	Din	ECT WHOL	ESELLERS, NC orporation)			·· .	د <u>ـ</u> ـــ
P	<b>94</b> 0000 (Document	56	98a	corporation organized unde		ie State	of	
1	FLORIDA	<u> </u>	•					
		X	El Escus (Signa	ture of resigning officer/director	·)	SECRE: TALLAH	05 AUG	77
						RETARY OF STATE AHASSEE FLORIDA	31 AH	FILED
			FILI	NG FEE IS \$35.00		TATE ORIDA	IO 37	

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314