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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LQUAL COPP
(Name of Corporation)

DOCUMENT NUMBER: POHOD 14901

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

Please return all correspondence concerning this matter to the following:

WASCA BOCKEY
(Name of Person)

LQUAL COPP.
(Name of Firm/Company)

1814 COPPICAN DY.
(Address)

DUTONA FL 32738
(City/State and Zip Code)

For further information concerning this matter, please call:

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, Chulscu Blocker, hereby resign as Preside	ent Fitle)	
of Lauchel Corporation)		,
POHOOLAGOII (Document Number, if known) , a corporation organized under the laws of the	estate of	
<u>Florida</u>	JUL 10	
	AM 8: 1	ED
(Signature of resigning officer/director)	NIE ARIDA	<u>.</u> .

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