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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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TRANSMITTAL LETTER

SUBJECT: Sh Cos (Name of Corporation)

DOCUMENT NUMBER: POSCO 1083 2

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following:

(Name of Ferson)

(Name of Firm/Company)

Accord Address)

For further information concerning this matter, please call:

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

TO:

Amendment Section

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. Michaele Bloomfield, hereby resign as VP (Title)	<u>-</u>
of LAM Corporating Inc.	
(Name of Corporation) Possible (Document Number, if known) (Document Number, if known)	
Florida	
Wrichaue R Bloom Field ALE ST AUG 12 SIgnature of resigning officer directory Aug 12	ACL NO.
FILING FEE IS \$35.00	T J

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

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