P05000043891

(R	equestor's Name)		
(A)	ddress)		
(A	ddress)		
(C	ity/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(1)	ocument Number)		
Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer:			





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05/23/05--01035--009 **35.00



officer Resignation

T BROWN MAY 2 6 2005

TRANSMITTAL LETTER

Division of Corporations		
21,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		* * .
		,
SUBJECT: LAD, Inc.		
	(Name of Corporation	1)
DOCUMENT NUMBER: P050	00043891	
The enclosed Officer/Director Resig	nation for a Corporation an	d fee are submitted for filing.
Please return all correspondence con	cerning this matter to the fo	llowing
Lisa A Davis		•
(Name of Person)		, 'p
LAD, Inc.		4,
(Name of Firm/Company)		G ₀
5021 NE 24th Avenue		
(Address)		, de
Lighthouse Point, FL 33064		13
(City/State and Zip	Code)	· ,
For further information concerning this matter, please call:		
Zebulon Fry	at (954) 3	28-9975 Daytime Telephone Number)
(Name of Person)	(Area Code &	Daytime, Telephone Number)
Enclosed is a check for \$35.00 made	payable to the Florida Dep	artmont of State.
Malling Address	514	er a
Mailing Address: Amendment Section	Street Address: Amendment Section	
Division of Corporations P.O. Box 6327	Division of Corporations 409 E. Gaines Street	
Tallahassee, FL 32314	Tallahassee, FL 32399	

CR2E044(11/02)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

OFFICER	DIEEC LOW KEEDICK SHIPPEDIA	
FOI	R A CORPORATION	OSM. FILFO
	(g)	1/4/23 V
). 	OSMAY 23 AM 9: 2
		" SELOF S
_{I.} Kaye H. Fry	hereby resign as Vica-Pre	esident/Director (Title)
		(Title)
	i de la companya de	
of_LAD, Inc.	(3),3 	
(Name	of Corporation)	
P05000043891	_, a corporation organized mader the lav	vs of the State of
(Document Number, if known)		
Florida	10 July 10 Jul	
	—t Magh Agairtí	

FILING FEE IS \$35.00

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

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