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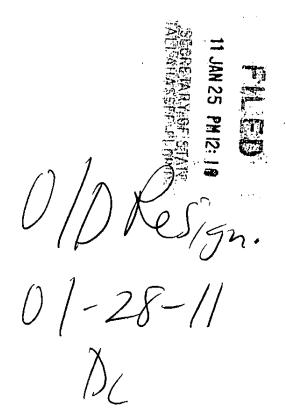
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TO:	Amendment Section Division of Corporations
SUBJ	JECT: A.P.I. Legal Support Services, Inc.
	(Name of Corporation)
DOC	UMENT NUMBER:
The e	nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
Billie	e Torchia
	(Name of Person)
A.P.	I. Legal Support Services, Inc.
	(Name of Firm/Company)
203	9 W. First Street Suite 1
	(Address)
Fort	Myers, FL 33901
	(City/State and Zip Code)
For fi	orther information concerning this matter, please call:
Billie	Torchia at (239) 337-3630 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclo	sed is a check for \$35.00 made payable to the Florida Department of State.
Amen Divisi Clifto 2661	Mailing Address: dment Section on of Corporations n Building Executive Center Circle Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



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