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(D ₀	equestor's Name)	
	squestors Name)	
(Address)		
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Law Offices of Leon & Egan, P.A.	
(Name of Corporation)	_
DOCUMENT NUMBER: P99000052016	
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for fi	ling
Please return all correspondence concerning this matter to the following:	
Aileen Delahanty	
(Name of Person)	
·	
(Name of Firm/Company)	
5000 North Ocean Blvd.	
(Address)	
Briny Breezes, Fl. 33435	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Aileen Delahanty _{at (} 561) 266-8532	
Aileen Delahanty at (561) 266-8532 (Name of Person) (Area Code & Daytime Telephone Numb	er)
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

FILED

2000 MAY 14 AM 9: 03

TALLAHASSEE FIRE

_{I,} Robert J. Egan	, hereby resign as	hereby resign as Director	
	,	(Title)	
of Law Offices of Leon & Ega	n, P.A.		
(N	ame of Corporation)		
P99000052016	, a corporation organized unde	r the laws of the State of	
(Document Number, if known)			
Florida	.		
$\bigcap_{i} a_i$, 1		

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