

V20624

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

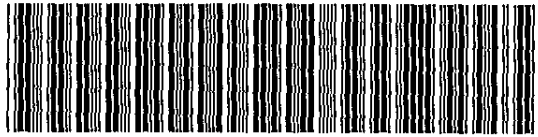
(Business Entity Name)

(Document Number)

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*Off Resign  
T. Lewis*

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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Forensic Accident Investigations, Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** V20624

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

Please return all correspondence concerning this matter to the following:

Agnes McElroy

(Name of Person)

FAI, Inc.

(Name of Firm/Company)

6971 N. Federal Hwy. Ste 405

(Address)

Boca Raton, FL 33487

(City/State and Zip Code)

For further information concerning this matter, please call:

Agnes McElroy

(Name of Person)

at ( 561 ) 995-6781

(Area Code & Daytime Telephone Number)

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

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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

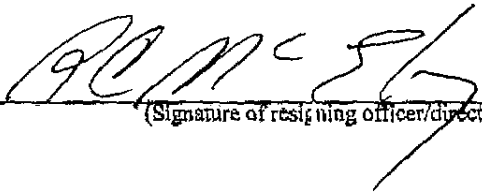
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05 JUN 13 AM 10:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, Robert C. McElroy, Ph.d., hereby resign as President/Director  
(Title)

of Forensic Accident Investigations, Inc  
(Name of Corporation)

V20624, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(Signature of resigning officer/director)

**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