# UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF FLORIDA

Case	No.	

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AUG 1 6 2011

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## UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF FLORIDA

Case No.

LEE SUBER	
(T. II Name of Plaintiffs)	
(Full Name of Plaintiff/s),	
Plaintiff (s)	
VS. STATE ATTORNEY	
MIAMI, FL.	
(C. 11) (C. 1/)	-
(Full Name of Defendant/s),	
Defendant(s).	/

### TITLE OF DOCUMENT

I,	LEE	SUBER		_[plaintiff or defe	ndant], in the abo	ve styled
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VOICE MAIL SYSTEM THREATNED TO HAVE ME TILLED AND THEY THE STATE ATTORNEY LOULD LARE LESS ABOUT GETTING THE ABSOUTE EVIDENCE" ON MY VOICEMAIL SYSTEM OR EVEN CALL THE LOS ANGELES, Ct POWE, OR DISTRICT ATTORNEY IN LOS AWGELES, CAT WITH THE "ABSOULTE EURDENCE" TO HAVE MIZINE POT IN JALL FOR TEARS, TO ME YOUR HONOR THIS IS "OBSTRUCTION OF JUSTICE", AND ANYONE WHO GOES AGAINST THE JUSTICE SYSTEM AND OBSTUCTS JUSTICE MUST BE PUNISHED SEVERALLY YOUR HONOR !!!!!! I WILL GO UNDER OATH, PERJURY, SWORN AFFADAVITY FULL- PROOF LIE DETECTOR MACHINE, DEPOSITIONS, INTEGROTORIES, SUPOENAS, THAT THE MIAMI STATE ATTORNEY COMMITTED THE SERIOUS CRINE OF "OBSTRUTION OF JUSTICE"

AUG- 16, 2011	Respectfully submitted,
Dated: Month, day, year	LEE SILIZER
	Name of Filer
	Attorney Bar Number (if applicable)
	Attorney E-mail Address (if applicable)
	SELF-EMPLOYED LEE SILBER Firm Name (if applicable)
	4700 NW 32 AVE, APT. 69 Street Address
	MIAMI FL 33142 City, State, Zip Code
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	Facsimile:
	Attorneys for Plaintiff/Defendant [Party name(s)] (if applicable)
	Certificate of Service
I hereby certify that a true ar	nd correct copy of the foregoing was served by
	[specify method of service] on[date]
on all counsel or parties of record on	the Service List below.
	Lee Sillon Signature of Filer
	Signature of Filer