N0300009149

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(and an angle	,
(Dc	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

Division of Corporations	
SUBJECT: // Hans Tonis Association (Name of Corporation) DOCUMENT NUMBER: NO300009149	
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
(Name of Person)	
(Name of Firm/Company)	
1155 Post ct.	
(Address)	
(City/State and Zip Code)	***
For further information concerning this matter, please call:	
Tat Borg As Lat (386) 775 - 4444 × 7/7/ (Name of Person) (Area Code & Daytime Telephone Number)	/

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

TO: Amendment Section

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

CR2E044(08/05)

Jim+ Hether

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, JAmes Cop- hereby resign as Box	Smnb/(Title)
of Johns Tems Association	n Inec.
1030000 9149, a corporation organized under the laws (Document Number, if known)	<u> 25</u> 06
- Marian	APR II CRETARY AHASSE
Tin Lova	PN 3: 36 OF STATE E. FLORID.
(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