

PO5000086776

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

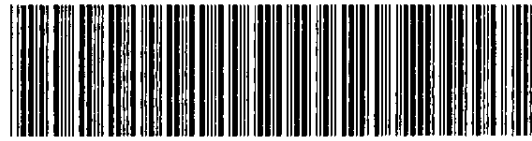
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** HOFFMAN ROSS HOFFMAN INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P05000086776

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

Please return all correspondence concerning this matter to the following:

DARYL HOFFMAN

(Name of Person)

HOFFMAN ROSS HOFFMAN INC

(Name of Firm/Company)

20372 E PENNSYLVANIA AVE SUITE C

(Address)

DUNNELLON FL 34432

(City/State and Zip Code)

For further information concerning this matter, please call:

DARYL HOFFMAN at ( 352 ) 465-5040  
(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

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

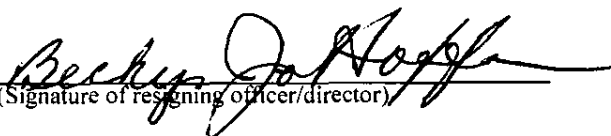
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, BECKY JO HOFFMAN, hereby resign as PRESIDENT  
(Title)

of HOFFMAN ROSS HOFFMAN INC  
(Name of Corporation)

P05000086776, 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

11 MAY -4 AM 9:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 11 2011