## 495989

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
		:





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02/19/10--01011--022 \*\*35.00

FILED
2010 FEB 19 AM 8: 53
SECRETARY OF STATE

off. Resign.

FEB 2 2 2010

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: STEVEN B HERING CORP (Name of Corporation)
DOCUMENT NUMBER: 495989
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
ROCHELLE ELY
(Name of Person)
STEVEN B HERING CORP
(Name of Firm/Company)
320 SW 27 AVE
(Address)
OCALA FL 34471
(City/State and Zip Code)
For further information concerning this matter, please call:
ROCHELLE ELY  at ( 352 ) 401-3667  (Name of Person) (Area Code & Daytime Telephone Number)
(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 AND AND SECURIOR AND SECUR

I. CHARLOTTE M HERIN	hereby resign as SECRETARY
7	(Title)
of STEVEN B. HERING CO	RP,
	(Name of Corporation)
495989	, a corporation organized under the laws of the State of
(Document Number, if known	
FLORIDA	

FILING FEE IS \$35.00

ignature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314