751919

(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Dusiness Enuty Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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TRANSMITTAL LETTER

Division of Corporations Hawthorne FireFighter's Aides, Inc. (Name of Corporation) 751919 **DOCUMENT NUMBER:**_ The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: David Cannon (Name of Person) Hawthorne FireFighter's Aides,Inc. (Name of Firm/Company) PO Box 1131 (Address) Hawthorne, FI 32640 (City/State and Zip Code) For further information concerning this matter, please call: David Cannnon

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

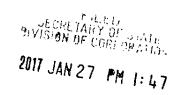
(Name of Person)

TO: Amendment Section

Street Address:

Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



Kathy Willis	, hereby resign as Secretary
	(Title)
Hawthorne FireFig	hter's Aides,Inc.
	ne of Corporation)
751919 (Document Number, if known)	, a corporation organized under the laws of the State of
Florida	
Ka	(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