

# G40338

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

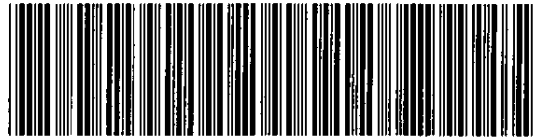
(Business Entity Name)

(Document Number)

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2009 FEB -9 PM 1:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

off. Resign.

TB

2-11-09

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Higgins & Associates, Inc  
(Name of Corporation)

DOCUMENT NUMBER: G40338

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

Please return all correspondence concerning this matter to the following:

GARY S HIGGINS  
(Name of Person)

Higgins & Associates, Inc  
(Name of Firm/Company)

9942 Orchard Hills Rd  
(Address)

Jacksonville, FL 32256  
(City/State and Zip Code)

For further information concerning this matter, please call:

GARY HIGGINS at (904) 519 6296  
(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**

**FILED**  
2009 FEB -9 PM 1:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, Gary S Higgins, hereby resign as DP (Title)

of Higgins and Associates, Incorporated,  
(Name of Corporation)

640338, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida.

Gary S Higgins  
(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