H91917

(Re	equestor's Name)				
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	e #)			
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(Business Entity Name)					
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COVER LETTER

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Amendment Section Division of Corporations

TO:

0001111	
SUBJECT: HSC HIGHLANDS (Name of Corpora	Ation)
DOCUMENT NUMBER: H 91917	
The enclosed Officer/Director Resignation for a Corporation	and fee are submitted for filing.
Please return all correspondence concerning this matter to the	e following:
Lisa Herb C (Name of Person)	+ Soneet Kapla
(Name of Firm/Company)	4 Soneet Kapila Kapiki & Co 1000 S. Federal Hyma
5699 Sago Ct (Address)	Suite 200 Ft. Landendale Fl
(City/State and Zip Code)	33316
For further information concerning this matter, please call:	
(Name of Person) at (239) (Area Code	2 & Daytime Telephone Number)

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

l,	Lisa Hudec	, hereby resig	n as Direct	er President 3
of	ABC Highlan (Name of Corp.)	oration) (<u>.</u>	
	Haiais	orporation organize	d under the laws o	f the State of
	Florida.			
		(7 (, (r l

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 AD APR 13 AM 8: 22