## K24721

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
,	,	•
(Doc	ument Number	)
Certified Copies	Certificate	s of Status
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10/23/14--01004--006 \*\*35.00

14 OCT 23 PH 3: 31

SECRETARY OF STATE

TALLAHASSEE, FLORIDA

OID Resign

## TRANSMITTAL LETTER

SUBJECT: Hammond Screens, Inc.
(Name of Corporation)
DOCUMENT NUMBER: K24721
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Peggy Hammond
(Name of Person)
Hammond Screens, Inc.
(Name of Firm/Company)
16400 Collins Ave. #943
(Address)
Miami, Fl. 33160
(City/State and Zip Code)
For further information concerning this matter, please call:
Peggy Hammond at (954) 937-0287 (Name of Person) (Area Code & Daytime Telephone Number)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section Division of Corporations

TO:

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

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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

14 OCT 23 PH 3: 31

<sub>ı,</sub> Will Hammond	, hereby resign as Vice President
7	(Title)
of Hammond Screens, Inc	<b>c.</b>
(Name of Corp	oration) ,
K24721 (Document Number, if known), a co	orporation organized under the laws of the State of
Florida	
1	
Will (Signatur	e 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