K9902E

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

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SECHLIÀRE DE DIGIE TALLAHASSEE, FL

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TRANSMITTAL LETTER

SUBJECT: HANEN MECHANICAL INC. (Name of Corporation) DOCUMENT NUMBER: K99025 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MICHAEL ENGLISH (Name of Person) HANEN MECHANICAL INC. (Name of Firm/Company) **6415 SW 48TH STREET** MIAMI, FL 33155 (City/State and Zip Code) For further information concerning this matter, please call:

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

MICHAEL ENGLISH

(Name of Person)

TO:

Amendment Section Division of Corporations

Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 2661 Executive Center Circle

Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| _{I.} LILLIAN HORSE | LY-HANCE, hereby re | sign as PRESIDEN I |
|-----------------------------------|-----------------------|--------------------------------------|
| of HANEN MEC | HANICAL INC. | (Title) |
| of | (Name of Corporation) | , |
| K99025 (Document Number, if known | | nized under the laws of the State of |
| FLORIDA | | |

(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