

L02367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

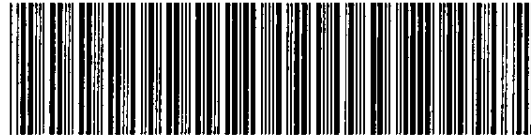
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000204032590

04/26/11--01023--025 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 APR 26 PM 1:58

off Resign
C.COULLIETTE

APR 29 2011

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: C.B. HINSON INC.
(Name of Corporation)

DOCUMENT NUMBER: L02367

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

Please return all correspondence concerning this matter to the following:

C.B. HINSON
(Name of Person)

C.B. HINSON INC.
(Name of Firm/Company)

9129 MELLON COURT
(Address)

ST. AUGUSTINE, FL. 32086
(City/State and Zip Code)

For further information concerning this matter, please call:

C.B. HINSON at (904) 471-0464
(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**

I, MURPHY MCDANIEL, hereby resign as SECR
(Title)

of C.B. HINSON INC.
(Name of Corporation)

L02367, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Murphy McDaniel
(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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 APR 26 PM 1:58