## M94310

	(R∈	equestor's Nan	ne)		
; 1					
	70.	ldsoool			
	(AC	ldress)			
	(Ad	dress)			
•					
	/Ca	ty/State/Zip/Ph			
d	(Cit	tyrotate/£ip/Fii	one #)		
PIC	K-UP	☐ WAIT		MAIL	
1					
	/Pu	siness Entity i	Vame)		
,	(Du	isiness Endry i	vanie)		
,					
	(Do	cument Numb	er)		
: Certified Copies		Cortifics	atas of St	atue	
Cermed Copies		Ceranoe	ates of oa	atus	_
Special Instruc	tions to	Filing Officer:			7
·		•			
	ı				
	•				
	(				_

Office Use Only



500022976415

109/19/03--01026--021 \*\*35.00

O3 SEP 19 PM 3 48
SECRETARY CF STATE

ac 9/2

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: HARbour Apitol Tre (Name of Corporation)	-
DOCUMENT NUMBER: M.94310	-
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing	ng
Please return all correspondence concerning this matter to the following:	
ROBERT E HAM HOY (Name of Person)	
HArboon CApital THC (Name of Firm/Company)	
3704 (1. S. Hay 301 N Scitz #3  (Address)	_
Ellienton F/A 34222 (City/State and Zip Code)	
For further information concerning this matter, please call:	
(Name of Person)  Robert Hamitten Sec. at (941), 650-4698  (Area Code & Daytime Telephone Number	) }
(2 100 Code of Daylinto Totophono (4 thinton)	,

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
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, CRAI	G K. JONE	, hereby resign a	s View resy	Rest Swell
of Ha	Manue Capa	TAL INC.		
	nent Number, if known)	, a corporation organized t	ınder the laws of the	State of
		-6.7		03 SEP 19 SECRETARY TALLAHASSE
	- Xin	Signature of resigning officer/dire	ector)	PH 9 48

## 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