

ND00000005737

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

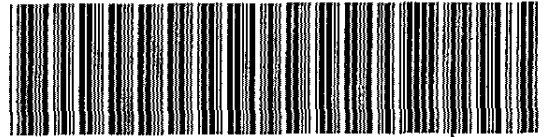
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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HOMETOWN CONCESSIONS INC.
(Name of Corporation)

DOCUMENT NUMBER: N00000005737

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

Please return all correspondence concerning this matter to the following:

STEPHEN JAHODA
(Name of Person)

HOMETOWN CONCESSIONS INC
(Name of Firm/Company)

370 ALEXANDRA CIRCLE
(Address)

WESTON FL 33326
(City/State and Zip Code)

For further information concerning this matter, please call:

BOB FRIEDOFFER at (954) 553-3803
(Name of Person) (Area Code & Daytime Telephone Number)

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**

FILED

05 FEB 24 PM 1:53


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, ROBERT FRIEDOPFER, hereby resign as DIRECTOR
(Title)

of HOMETOWN CONCESSION, INC.
(Name of Corporation)

NO0000005737, a corporation organized under the laws of the State of
(Document Number, if known)

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