

N00000008151

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FL 32399

09 JUN -5 PM 12:12

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O/P  
6-10-09  
Dc

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** HELPING HANDS OF BREVARD, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** N00000008151

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

Please return all correspondence concerning this matter to the following:

Judith C. Deevers  
(Name of Person)

Helping Hands of Brevard, Inc.  
(Name of Firm/Company)

8809 Live Oak Ct.  
(Address)

Cape Canaveral, FL 32920  
(City/State and Zip Code)

For further information concerning this matter, please call:

Judith C. Deevers at ( 321 ) 783-4459  
(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

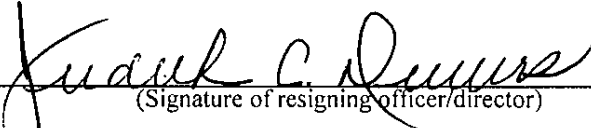
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Judith C. Deevers, hereby resign as Secretary/Treasurer  
(Title)

of Helping Hands of Brevard, Inc.  
(Name of Corporation)

N00000008151, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(Signature of resigning officer/director)

**FILED**  
09 JUN -5 PM 12:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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